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ABSTRACT

A collection of Western Regional Center newsletter articles and workshop materials on evaluating alcohol and other drug (AOD) prevention programs, this notebook is a revised, condensed version of a 1990 compilation. Aimed at helping beginners in program evaluation start their own notebooks, this compilation contains the following sections: (1) evaluation issues; (2) evaluation practice; (3) needs assessment; (4) program planning and process evaluation; (5) outcome evaluation; (6) evaluation resources; and (7) evaluation instruments. The first section addresses overall evaluation issues, highlighting the Western Regional Center's comprehensive model for drug-free schools and communities and containing a diagram of evaluation planning, implementation, and refinement sequences. Section 2 addresses the task of determining the feasibility of evaluating a particular program and various data collection methods. Sections 3, 4, and 5 reflect sequential steps in an evaluation cycle, beginning with identifying a need and ending with assessing program results obtained from addressing that need. The evaluation resources in section 6 include an annotated bibliography of 9 evaluation manuals and handbooks, a list of 25 journals containing articles and reports on program evaluation; a list of 6 relevant Western Regional Center publications; and a list of information and resource centers in the western region. The final section contains reproducible samples of the Self-Assessment Instrument for School Programs and the short form of the Student Alcohol and Drug Use Survey. (MLH)

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Western Regional Center
DRUG-FREE SCHOOLS AND COMMUNITIES

ED 361 892

EVALUATION RESOURCE NOTEBOOK
FOR AOD COORDINATORS

August 1992

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EVALUATION RESOURCE NOTEBOOK FOR AOD COORDINATORS

Flora B. Yen, Ph.D.
and
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Editors

August 1992

Western Regional Center for Drug-Free Schools and Communities

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The concept of the Notebook and the original selection of materials represent many hours of diligent work by Dr. Flora B. Yen. This condensed version is the team effort of Dr. Yen and Charles V. Brinkerhoff, an evaluation consultant for the Center, who did more pruning and editing of the readings and exhibits.

Special thanks are extended to Marjorie Wolfe who provided the graphics and designed the layout of the Notebook, and to Dr. Eric Einspruch, Dr. Shari Golan, and Dr. Jordan Horowitz, who served as reviewers.

Judith A. Johnson

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Western Regional Center for Drug-Free Schools and Communities.

Western Regional Center for Drug-Free Schools and Communities

The Western Regional Center for Drug-Free Schools and Communities is one of five regional centers in a national network established by the U.S. Department of Education through the Drug-Free Schools and Communities Act of 1986.

The Mission of the Center is to prevent student alcohol and other drug use in the nine Western states and the Pacific islands through school and community mobilization.

In carrying out a program of information and assistance to schools, communities and states in the West, the Center

- Trains School/Community Teams to conduct comprehensive community-wide programs to prevent student drug use.
- Assists state education agencies (SEAs) to coordinate and strengthen alcohol and other drug use prevention policies and programs
- Provides information on effective alcohol and other drug use prevention programs and strategies
- Assists local education agencies (LEAs) and institutions of higher education (IHEs) in developing training programs for educational personnel

Center Services

School/Community Team Building—Core training is followed by technical assistance and consultation by Center staff, tailored to local district programs

Resource Materials—The Center maintains a collection of materials, curricula, model programs, and research syntheses that focus on alcohol and drug abuse prevention.

Successful Practices—Information is provided on schools and communities with exemplary programs to assist and network similar programs across the region that are beginning to implement programs.

Quarterly Newsletter—Western Center News contains news and information on model programs, meetings and conferences, available resources, and regional activities.

Annual Regional Conference—Featured at the conference will be presentations by state and local educators representing public schools, colleges and universities, and community colleges, as well as speakers from early childhood and alcohol and other drug prevention community-based programs.

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Introduction

INTRODUCTION

This Notebook is a collection of Western Regional Center newsletter articles and workshop materials on evaluating alcohol and other drug (AOD) prevention programs. It is a revised and condensed version of a notebook originally assembled in 1990. The purpose of the Notebook is to help individuals who are beginners in program evaluation to start a notebook of ideas and strategies on evaluating AOD programs. With a 3-ring binder, other handouts and materials on evaluation can be easily inserted for continual updating.

The current Notebook contains the following sections:

(1) Evaluation Issues
(2) Evaluation Practice
(3) Needs Assessment
(4) Program Planning and Process Evaluation
(5) Outcome Evaluation
(6) Evaluation Resources
(7) Evaluation Instruments

Sections 1 and 2 focus on general evaluation topics and strategies. Sections 3, 4, and 5 reflect the sequence of steps in an evaluation cycle which begins with identification of a need and ends with the assessment of the results obtained by the program put in place to meet that need. Section 6 summarizes a number of resources in evaluation and Section 7 provides two evaluation instruments, which may be reproduced for use.

The goal of the Notebook is to make it a readily available resource tool for AOD coordinators and school-community team members involved in the ongoing process of planning, implementing and refining their AOD programs. Readers should refer to existing manuals or textbooks on evaluation (see Section 6) and seek technical assistance from professional evaluators for situations that call for rigorous methodologies.

The Western Regional Center welcomes comments and suggestions at any time regarding ways to make the Notebook more useful.

Section 1
Evaluation Issues

SECTION 1. EVALUATION ISSUES

The readings in this section address overall issues in evaluation. This section begins with an article describing a comprehensive model for drug-free schools and communities, in which evaluation is seen as one of many connected components. This is the approach advocated by the Western Regional Center. Several additional readings from the *Western Center News* and exhibits adapted from workshop presentations are also included.

The Western Regional Center for Drug-Free Schools and Communities takes the position that evaluation is an integral component of a comprehensive approach in program development. In other words, evaluation is not seen as an afterthought at the end solely to fulfill funding requirements.

As depicted in the diagram on page 1-5, evaluation is part of an ongoing cycle of planning, implementation, and refinement. Results from evaluation serve two useful purposes. The information collected can be used to identify program strengths and weaknesses for further improvement. It also can be used to disseminate program features and accomplishments to interested audiences such as school boards, district administration, school staff, students, parents, and business or community representatives.

Drug-Free Schools and Communities -- Making a Real Difference

(From Western Regional Center, Northwest Regional Educational Laboratory, *Planning for Drug-Free Schools and Communities*: Portland, OR, September 1991)

With proper planning, tools, and information, schools and community representatives can make a difference in providing students and teachers what they have a right to expect -- a drug-free and safe environment in which to learn and to teach. Planning will also extend to community activities in order to support, supplement and sustain the activities in the schools.

In enacting the Drug-Free Schools and Communities Act, the Congress recognized that drug and alcohol prevention, education, and intervention programs are essential components of a comprehensive strategy to reduce the demand for and use of alcohol and other drugs (P.L. 101-226). This strategy was incorporated into a comprehensive program planning and development model in 1987 (Fox, Forbing, Anderson, 1988) that has served as the model for the training and technical assistance of the Western Regional Center. This strategy is beginning to work in the Western region as evidenced by the development of greater awareness of the harmfulness of drugs and alcohol for children and adolescents among school and community leaders and the resultant reductions in use of most drugs.

The mission of the Western Regional Center is to provide training, technical assistance, and dissemination of information services to educational and community personnel based on current theory and research applications to prevent the illegal use of alcohol or other drugs among children and adolescents, and to reduce the harmful effects of use and abuse among those who have.

The Western Regional Center's approach for carrying out this mission is based on a prevention philosophy; a model or framework for community planning, decision making and action; and a process for providing training and technical assistance toward the goal of drug-free schools and communities.

This philosophy is based on current theory and research in the causes and effects of alcohol and drug use and abuse, and necessary ingredients for effecting change in local schools and communities. These are detailed below.

The Effects of Alcohol and Other Drug Use. Central to planning and implementing programs is the conviction that any use of alcohol or drugs by children and adolescents is illegal and harmful (P.L. 101-226), and that use of alcohol and other drugs may cause physical and emotional dependence (USDOE, 1989). Other principles guiding the Western Regional Center's training and technical assistance are:

- The earlier the alcohol and other drug use, the more likely the dependence (Rachel et. al., 1982; Fleming et. al., 1982; Hawkins, et.al., 1986))
- Early use of gateway drugs (tobacco, alcohol, and marijuana) may lead to use of other drugs (Kandel, 1978; Austin, 1988; Deck and Nickel, 1990)
- Children of substance using and abusing parents are themselves at higher risk of use and abuse (Bushing and Bromley, 1975; Hawkins, et.al., 1986; Austin and Prendergast, 1991)
- Without intervention alcohol, and other drug dependency is progressive (MacDonald, 1984; Schaefer, 1987)

- Alcohol and other drug dependency is a treatable problem (Johnson, 1980; Wallack, 1985)

Multiple Causes of Use and Abuse. The development of prevention strategies must be based on solid theory and research which, at this time, are still emerging. Successful approaches must recognize the multidimensional etiology of alcohol and drug use and abuse, and counter with prevention strategies that include the interacting individual, community, and substance factors which lead to use (OSAP, 1989). Individual factors include:

- Genetics (Cloninger, et al., 1986) or the influence of living in a home of substance abusing parents (Kumpfer, 1987; Kumpfer, 1989)

- Personality (Jessor and Jessor, 1977; Shedler and Block, 1990) including risk and protective factors (Hawkins et.al., 1986; Benard, 1987; Benard, Fafoglia and Perone, 1987; Garmezy and Rutter, 1983; Rutter, 1984)

- Attitudes and belief systems (Johnston, O'Malley and Bachman, 1989; Norem-Hebeisen and Hedin, 1987)

Community factors recognize that behavior is highly influenced by the social context of values, customs, norms, cultures, economic climate, deterrence activities, and attitudes of the community (Perry, 1986), and by family, peer, school, and neighborhood influences (Bronfrenbrenner, 1979; Hawkins, et al., 1985; Hansen et al, 1988)

The substance itself, including availability, accessibility, and toxicity of the substances, also interacts to determine use, abuse, and dependency (Coate and Grossman, 1987; Wallack, 1985; Moskowitz, 1989)

Multiple Systems Changes Needed. A comprehensive, multi-system, multi-strategies (individual, family, school, community) approach to prevention and early intervention is necessary. The problems of alcohol and drug use and abuse are not simply those of individual weakness, as noted above. They are highly systematic. Efforts at change must be directed toward school, community, and societal systems (Schaps, Moskowitz, Malvin, and Schaeffer, 1986; Bell and Battjes, 1985; Earle, 1984; OSAP, 1989; Hawkins et al., 1986; Gibbs and Bennett, 1990; Muggerty, et.al., 1989).

Empowering School-Community Teams. Studies of social change indicate the impetus to change and solutions to the alcohol and other drug problems lie within the community. Teams of individuals can be taught to analyze, plan for, implement, and effect changes (Allen and Allen, 1987; Benard, 1989; Earle, 1984; Pentz, 1986). While outsiders may be change agents, they serve best to guide and offer alternatives and opportunities to network. The work itself must be done by school-community teams.

Comprehensive Approach to Training School-Community Teams

An appropriate model or procedure based on the latest theory and research is needed for the Western Regional Center to provide training and technical assistance to schools and communities. The Western Regional Center implemented such a model in 1987 (Fox, Forbing, and Anderson, 1988), and has used it for the past three years in training more than

2,000 school-community teams. It has proven valuable in setting forth both the *process* and the *content* for implementing drug-free schools and communities programs.•

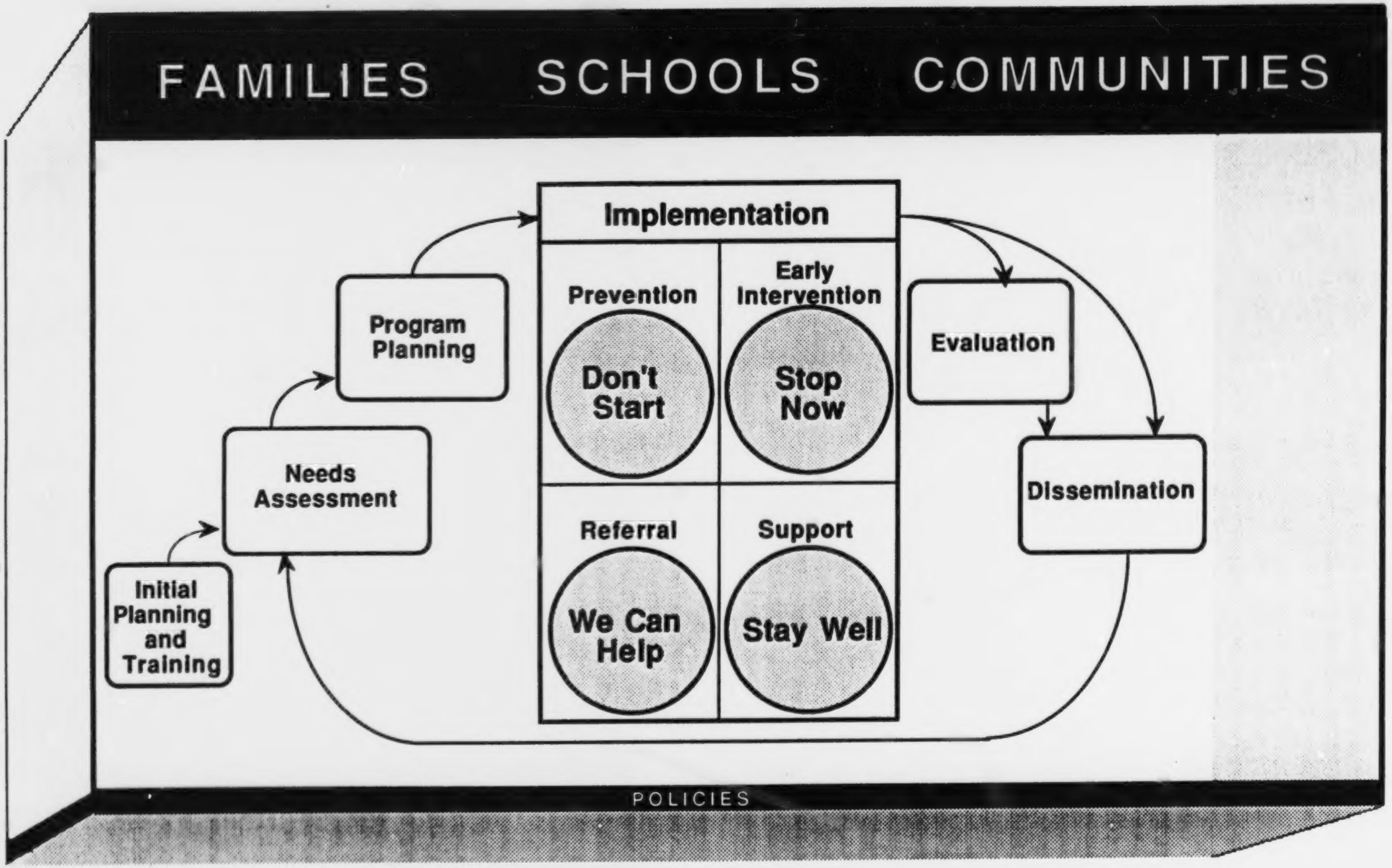
The model has been progressively revised and refined, based on the latest research and the wealth of field experiences accumulated by the Western Regional Center in working with the complex processes operating at state and local levels. Figure 1 on the following page depicts our adaptation of the Fox and Forbing model. The key processes of identifying an initial planning group; assessing needs; planning programs in prevention, early intervention, referral, and support services; evaluating program progress; and disseminating results have not changed. What has changed is the context in which planning and implementation occur. They occur within the context of a multi-layered social system that includes schools, communities, and families.

Representatives of each of these systems must be a part of the initial planning, as well as the implementation of ongoing activities throughout the process. Clear and comprehensive school and social policies are critical foundations to all planning and implementation activities. Prevention and early intervention activities must focus on family and community, as well as school environments. Active dissemination must occur at all points of the process--from initial planning, needs assessment, and specific program planning through the evaluation of program effects. The model represents an ongoing process, in that it emphasizes an information flow that continually feeds into planning and new or revised program implementation.

Each component of the model is described in greater detail below, including research-based rationale and expected outcomes.

Initial Planning and Training. The readiness to begin a process which will impact alcohol and other drug use and abuse in the community begins with an interested group of individuals who are willing to take on the leadership needed to initiate the comprehensive effort. If the impetus comes from the Drug-Free Schools and Communities Act, this will likely be a group from the school or district. If the impetus is in response to the emphasis on community prevention that the Office of Substance Abuse Prevention (OSAP) has taken, the group may be primarily elected officials or a grass-roots community group. Regardless of the group's genesis, the role of the Western Regional Center is to provide training and technical assistance based on research evidence and delivered within a framework for action that can be used by the group to assist in meeting their objectives. The most effective teams include diverse representation of families, religious institutions, schools, government, business and industry, law enforcement and justice systems, media, health and social service systems (Rothman, 1979, Brown, 1984, Pentz, 1986).

•This discussion is based upon the Fox and Forbing model (1991).



FAMILIES SCHOOLS COMMUNITIES

Initial Planning and Training

Needs Assessment

Program Planning

Implementation

Prevention

Don't Start

Early Intervention

Stop Now

Referral

We Can Help

Support

Stay Well

Evaluation

Dissemination

POLICIES

A Comprehensive Approach For Drug-Free Schools and Communities

Adapted from: Fox, C. Lynn and Forbing, Shirley E., *Creating Drug-Free Schools and Communities: A Comprehensive Approach* (Sept. 1991), Harper Collins New York NY

Western Regional Center for Drug-Free Schools and Communities

The purposes of training and technical assistance provided by the Western Regional Center in assisting school-community teams plan and implement a comprehensive program are to raise awareness, spread consistent messages, reduce denial, develop team spirit, and develop an understanding of the planning and implementation process and content necessary to achieve a drug-free school and community.

Teams need to be empowered through identifying their purpose and working through a procedure or model (Mink, Mink and Owen, 1987). The Western Regional Center provides initial team training in the process for system change--"Planning for Drug-Free Schools and Communities." The focus of this training is to enlarge the initial planning team to include all relevant community stakeholders, and for the team to gain an understanding of the planning process and the multiple strategies necessary for a comprehensive approach. According to the U.S. Department of Education, "to combat student drug use most effectively, the entire community must be involved: parents, schools, students, law enforcement, religious groups, social service agencies, media, and business" (USDOE, 1987, 1989).

It is widely recognized that issues related to program implementation can be a key factor in the success of a program (Tobler, 1986; Goodstadt, 1986; Moskowitz and Smith, 1987). As program strategies are established in the areas of prevention and early intervention, additional training is necessary to ensure program success. In the area of school-based prevention programs, for example, ongoing in-service training has been shown to be a primary factor related to teachers' ability to deliver a credible message and implement the curriculum appropriately (Klitzner and Bell, 1987; Lohrman and Fors, 1986; Benard et al., 1987). The appropriate implementation of curriculum is not simply a matter of fidelity to the author's directions. The local context must weigh heavily, including cultural and economic factors (Nobels, 1989). The Western Regional Center approach includes providing the additional training for teams to sequentially implement their comprehensive plans.

Outcomes of initial team formation and training include awareness of the complex and interacting issues in the etiology of alcohol and other drug use and abuse problems; the commitment to develop comprehensive plans and programs within the school-community geographic area; an understanding of an array of program strategies appropriate to eliminating alcohol and other drug use and abuse among children and adolescents; and an understanding of the role of the team in implementing programs in the short term and in changing community systems in the long term.

Needs Assessment. The purpose of needs assessment is to assess and understand the nature and scope of alcohol and other drug problems in the local community in order to, first, raise awareness that the "problem is here" and, second, to match local needs to the development and implementation of program strategies. Western Regional Center training provides the school-community teams with a variety of data gathering and interpretation activities used to guide the development of policies and programs. It is a key step in the process--one which, if not done well, can put the local school-community team through misdirected or wasteful programmatic efforts. As noted by OSAP: "All prevention programs require knowledge of the target community and the context in which alcohol and other drug use occurs. In addition, school personnel should know the extent of alcohol and other drug use in their schools..." (OSAP, 1989).

The outcomes of a needs assessment process are data and reports that can be used to combat denial and educate the community about the extent of the alcohol and other drug use and abuse problem and potential relationships to other risk behaviors (e.g., teen suicide, dropouts). Needs assessment data can also include an outline of available resources. Finally, needs assessment data provide a baseline from which subsequent program progress can be measured.

Policy Development. The development of sound policy--both formal (e.g., school policy, laws, and regulations) and informal (norms, values, counseling, and warning)--is essential to the development of a comprehensive approach. The purpose of policy is to have a consistent, community-wide, no-use message for children and youth that is reinforced by all social institutions that impact youth. School policy lays the foundation for a comprehensive discipline and program approach that supports the total well-being of the entire school community. As stated by the U.S. Department of Education, "School policies should clearly establish that drug use, possession, and sale on the school grounds and at school functions will not be tolerated" (USDOE, 1987). These policies, while stressing consequences of use, also mandate the development of a comprehensive prevention and intervention strategy (P.L. 101-226).

Policy development is not a one-time activity. Formal and informal policy adjustments must be made by school-community teams as they assess their community's response to the alcohol and other drug problem. For example, lax or inconsistent enforcement of minor-in-possession in the school or community statutes will give the mixed message that using illegal substances is okay. The enforcement aspects of the policy must be strengthened and key segments of the community held accountable.

The outcomes of policy development will include the installation of comprehensive school policy, consistency in enforcement of local ordinances, and the development of a community ordinance supporting a no-use stance for children and youth.

Program Planning. Program planning is the process whereby the team establishes goals, objectives, and time lines for the implementation of program strategies that are based on identified needs, and are selected as appropriate for their community. The planning includes multiple systems, multiple audiences, or populations that impact children and adolescents, and invokes multiple strategies in prevention, intervention, referral, and support.

The outcome of the program planning is a team action plan with objectives, activities, time lines, and funding sources identified. The plan guides the implementation program.

Prevention Strategies. The purpose of prevention is to carry and reinforce the message, "Don't Start" (Fox and Forbing). Prevention strategies can focus on any or all of the multiple systems involved--community, family, or school.

Prevention strategies focusing on the community system include:

- Raising the awareness of all segments of the community regarding the nature of alcohol and other drug use and abuse among children and adolescents
- Networking and organizing with other organizations within the community to achieve multiple, yet non-redundant goals
- Changing community values and norms directly through social and public policy (e.g., alcohol taxes), or indirectly through impacting attitudes about the harmfulness of early use
- Enhancing healthy alternatives to alcohol and other drug use and abuse, and support services for families in need, including health and economic resources

Prevention strategies focusing on the family systems include parent education and self-help groups whereby parents are encouraged to understand the:

- Nature and extent of the alcohol and other drug use problems in their community

- Harmfulness of early alcohol and drug use
- Risk and protective factors associated with use
- Family management skills
- Communication skills, including the importance of a clear no-use message
- Signs and indicators of early use
- Resources available for help (Bell and Battjes, 1985; Brook et al., 1986; Kumpfer, 1987; Hawkins et al., 1986; Bennett et al., 1988)

Family prevention strategies require sensitivity and modification to reach families who do not typically participate in such efforts, even when made available to them. Strategies focused on the family can be provided by school or community organizations.

Prevention strategies focusing on the school include providing education for school personnel, parents, and students. Students need a comprehensive, developmentally based, age-appropriate prevention and education program in every grade that carries the consistent message that alcohol and other drug use is wrong and harmful. The education and prevention programming should be directed at:

- Enhancing personal, social, and refusal skills
- Early reinforcement of non-use messages
- Providing factual information
- Reinforcing the fact that alcohol and other drug use are risks to children and adolescents
- Restructuring the school environment to prevent early antisocial behavior (Goodstadt, 1989; Weisheit, 1983; Malfetti, 1983; Klitzner, 1987; Pisano and Rooney, 1988)

While the classroom is an extremely important place for prevention activities, expanding beyond its limits can complement and strengthen the school's efforts to impact student behavior (Bickel, 1989). Examples of non-classroom activities include after-school programs, teen conferences, peer leadership programs, awareness raising events such as Red Ribbon Week, and alcohol and other drug-free events.

In addition to activities focused on students, schools can provide training for parents and teachers in overall awareness and understanding of the needs and resources available to prevent use of alcohol and other drugs. Teachers need additional training in providing the array of techniques and skills required for the current generation of prevention programs (OSAP, 1989).

The outcomes of community-, family-, and school-based prevention programs include increased awareness among all of these audiences of the dangers of alcohol and drug use by children and adolescents; the implementation of specific strategies in each of these systems to reduce risk and increase protective factors; an increase in healthy alternatives; and changes in norms, values, and expectations in communities, families, and schools.

Early Intervention Strategies. The purpose of early intervention activities is to carry and reinforce the message, "Stop Now (Fox and Forbing)." Early intervention with children at high risk of use in the elementary grades (Kellam, Ensminger, and Simon, 1980; Block, Block, and

Keyes, 1988), and identification of those who may already be involved with alcohol and other drugs is an important strategy to stem the progression to problem use and dependency (Anderson, 1987; U.S. HHS., 1984; Milgram, 1989).

To reach the largest number of affected children and adolescents, early intervention programs should be offered in the school system. Early intervention is a key component of a Student Assistance Program (SAP), modeled after the Employee Assistance Programs in business and industry. The increased development and implementation of SAPs in the school systems in the Western region represents one of the most significant "systems" change noted over the past three years. Rather than taking merely a disciplinary approach to student use and abuse of alcohol and other drugs, teachers and administrators are beginning to see their role as identifying and interrupting the continuation of harmful and illegal behavior.

Intervention services are provided in the community and through the family as community and family norms are sharpened to focus on early identification and referral to appropriate help. Training of students, families, and members of youth-serving organizations (e.g., scouts, YMCAs, community athletic leagues) to identify high risk children and identify the signs and symptoms of use is an integral part of a comprehensive program (Klitzner, and Bell, 1987; Kantor, et al., 1990).

The outcomes of intervention include formal processes within schools (such as SAPs) whereby children are identified as high risk for use or as early users, and are provided appropriate school-based support and community-based services. Other outcomes include increased awareness among those who work in the community with youth and among families of the signs of high risk and/or early use. Finally, all systems--school, family, and community--will have the skills to identify and intervene with children and youth.

Referral Strategies. Referral strategies include the development of procedures for referring affected children and youth to community-based services for assessment and treatment of alcohol and other drug problems. The message of referral services is "We Can Help." Schools work with community-based agencies to develop and disseminate the working arrangements and maintain up-to-date directories of resources and services available. Communities, families, and schools can work to ensure that these services are available and accessible to children and adolescents in the communities (Anderson, 1987).

The key outcome of referral strategies is the appropriate matching of children and adolescents to needed services. There must also be a shared awareness among all systems of standard procedures for referral and the array of resources and services available.

Support Strategies. Support strategies are those that provide the opportunity for groups of peers to reinforce their education about the nature of alcohol and other drug use, and encourage positive and healthy living through practice in communication, coping, decision making, and refusal skills. Support groups may be provided by school systems for a wide spectrum of children--those at high risk of use, those who have used, those who are concerned about another's use, and those who have used and have stopped (Anderson, 1987; NIAAA, 1984; Robinson, 1989).

Community systems provide support strategies by encouraging the development of self-help groups for children and adolescents, such as Alcoholics Anonymous, Alcoholics Victorious, Narcotics Anonymous, Alateen, Alatot, etc. Communities can also provide incentives or policies that direct treatment agencies and other social and health service providers to expand their aftercare and support services.

The intended outcome of effective implementation of support strategies is a system of support that is easily accessible to all interested children, youth, and families. Such a system is characterized by support groups in all schools, elementary through high school, and a range of community support groups, including extended care through treatment organizations.

Evaluation. An ongoing system of feedback and revision/refinement of program activities is an essential component of any comprehensive program (Armstrong et al., 1986). Formative or process evaluations document milestones of the planning process, program implementation and costs, numbers served, time spent, and informal reports of children and adolescent responses to programs.

Summative evaluations include measures of the expected outcomes of the program strategies--changes in attitudes, knowledge, and behaviors of students, families, school personnel, or members of the community (Hawkins and Nederhood, 1987). In addition to measures of use of alcohol and other drugs, measures of other related behaviors may be used to evaluate the effectiveness of the school, community, and family programs. Community indicators include rates of youth suicide, homicide, drug-related arrests, and drug-related hospital emergencies. School indicators include dropouts, attendance, tardies, and disciplinary referral (Deck, 1988). These indicators are often included in the needs assessment phase and their continual monitoring provides useful evaluation information.

The outcomes of ongoing formative and summative evaluation activities help the planning teams to identify needed resources--both financial and technical--staffing or program adjustments, and modifications in school-community-family system relationships. The evaluation component serves as a self-correcting mechanism to support the ongoing planning and implementation of services (Armstrong et al., 1986; Hord and Loucks, 1980).

Dissemination. Active dissemination assures that the progress made by the schools and communities in achieving drug-free schools and communities can be shared with others. It is a process which should be carried out at every phase of planning and implementation, since it serves as an awareness and norm-changing process as the communities and schools become more informed of the efforts of the teams. As programs are implemented and revised or refined, information should be provided to the families, schools, and communities. Dissemination can occur in a variety of ways--written documents, presentations before community and school groups, advertising or news coverage in the media, and special events such as art projects.

Successful programs must to be documented so that other communities can review their processes, target groups, objectives, activities, and evaluation results for potential replication. Exemplary programs are showcased through Western Regional Center planning and networking activities.

The outcomes of dissemination are increased community knowledge and attitudes reflecting greater understanding of the issues related to youth alcohol and other drug use. These produce further awareness in prevention and intervention program strategies. The message of dissemination is that local communities have the problems associated with alcohol and other drug use, but also have the commitment and resources for planning, implementation, and ultimately, attainment of drug-free schools and communities!

The outcomes of Western Regional Center training and technical assistance for each component of the model described above are presented in Table 1.

Table 1

Training and Technical Assistance Outcomes for Each Component of the Model

Model Component	Training and Technical Assistance Outcomes
Initial Training	Awareness of complex issues in etiology and solutions Commitment to add community team members Commitment to continue with planning process Initial action plan
Needs Assessment	Data and reports available for each community to be used in dissemination and planning Installation of comprehensive school policies Consistency of local law enforcement Community policies supportive of no use for children and adolescents
Program Planning	Increased awareness of alcohol and other drug issues among families, schools and communities
Prevention	Specific prevention strategies implemented by families, schools, and communities Changes in norms about use and abuse of alcohol and other drugs by young people
Intervention	Formal identification and intervention process in schools Increased awareness among schools, families, and communities of signs and symptoms of abuse Formal intervention systems available in the community
Referral	Appropriate matching of children and youth to community assessment and treatment resources
Support	Self-help groups available in the community Follow-up care available in the community
Evaluation	Formative and summative evaluations completed by each school-community team
Dissemination	Increase in community knowledge about alcohol and other drugs Increase in knowledge about prevention and intervention strategies Shared program strategies among school-community teams Increase in noteworthy programs
Policy	Components of an effective school substance use policy Experience in writing policy

Relationship Between Development Process and Content of Comprehensive Program

Training and technical assistance guided by the Western Regional Center model stresses the teams' understanding of both the *development process* and the *content* of a comprehensive program.

Training workshops have been and will continue to be developed to assist teams in acquiring the skills or in identifying other appropriate resources in specific focus area, i.e. the content. Each training in a content segment (e.g., Curriculum or Support Group development) reinforces the need for that effort to be articulated with the overall process, i.e., initial planning and needs assessment through dissemination, so that implementation does not occur in a vacuum.

With this dual emphasis teams are better able to recognize their roles from either viewpoint: that their content area must proceed through a recognized process to ensure success, and that any one task of the process (e.g., needs assessment) is a necessary agenda item to successfully implement content areas. Attention to both content and process by all interested parties (schools, families, and community) brings unity and moves consistently toward new norms and institutionalization.

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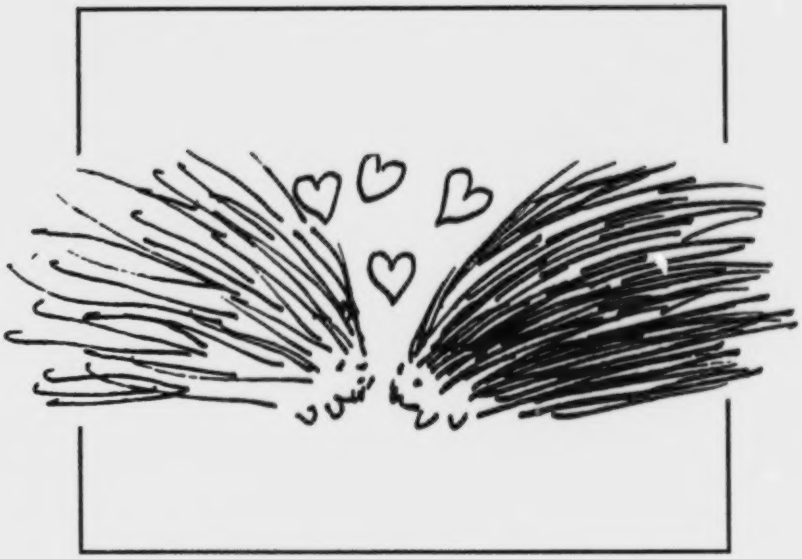
Image of Evaluation



Porcupines Making Love
(There's a lot of promise, but it sure seems risky trying it.)

Image of Evaluation from: *Handbook for Evaluating Drug and Alcohol Prevention Programs* (STEPP) by J. David Hawkins and Britt Nederhood (1987). Drawing by Marjorie Wolfe, Western Regional Center.

Evaluation: A Shared Responsibility

By ROY M. GABRIEL
Northwest Regional Educational Laboratory

What images does "evaluation" conjure up for you? Is it like filling out your income tax form when you know you're not getting a refund? Or perhaps it's reminiscent of the sex life of porcupines–it looks sort of interesting, could be promising, but it's very risky business!

In the battle to rid our schools and communities of illicit drugs and alcohol abuse, we all share the responsibility for looking objectively at what we're doing and trying to improve our efforts. Evaluating the effectiveness of our programs is an important and integral component of these efforts.

Evaluation can take on a variety of purposes and procedures, and be directed to any of a number of interested audiences. Think for a minute about the different groups that might be interested in information about your program. Parents, school staff, staff in neighboring schools and districts, state administrators, potential funding agencies at federal and state levels, and the news media are concerned with knowing the results of drug and alcohol programs in your school.

The Western Center offers a full-day workshop for school and district staff on Evaluating School Prevention and Intervention Programs. In it, a general process for evaluating your programs is described, and ample time for working with school teams to devise their own evaluation strategies is provided. Sample surveys of student alcohol and drug use are made available to participants, and a prototype recordkeeping system for student assistance programs is presented.

A key concept in getting ready for a meaningful and useful evaluation is embodied in a research term known as evaluability. That is, what are the necessary ingredients your program must have to be ready for an evaluation?

Is the program sufficiently formulated and implemented to look at its impact on kids' behaviors? Or is it only in its beginning stages, in which case a process of internal monitoring to help fine-tune the activities would be more useful?

Think carefully about where you are in your program's implementation and plan your evaluation accordingly. The checklist reproduced here should help you. If you find yourself responding "No" to any of the items, it is recommended that you turn your attention to those areas. The goal is to be able to respond to all ten items with a "Yes."

Are You Ready To Evaluate?

Yes	No		
( )	( )	1.	Are all program components clearly described?
( )	( )	2.	Do all components have defined goals and objectives?
( )	( )	3.	Are these goals and objectives grounded in an objective needs assessment?
( )	( )	4.	Do program staff and policymakers agree that these objectives are realistic?
( )	( )	5.	Are the program's activities logically consistent with its goals?
( )	( )	6.	Have all program components been implemented?
( )	( )	7.	Can valid, measurable indicators be obtained or devised for each objective?
( )	( )	8.	Is it financially feasible to collect these data?
( )	( )	9.	Do program staff know what kind of information an evaluation can produce?
( )	( )	10.	Is there a commitment on the part of program staff and school administrators to disseminate and use the results of the evaluation to improve the program?

From *Western Center News*, Volume 1, Issue 3, June 1988

Director's Note: Community Evaluation

By JUDITH A. JOHNSON
Northwest Regional Educational Laboratory

Don't forget the community when putting together the needs assessment/evaluation plan for your school. Without looking at the community's perceptions you won't have a comprehensive view of your program effectiveness, let alone have any understanding of the relevance of your school program within the "big picture" of the entire community.

You'll need to tap into all of the information surrounding your school–resources, law enforcement support, parental attitudes, cultures, values, civic responsiveness, and religious views in order to plan for a drug-free environment for the students and for the community.

You'll need to reach out and discover what's influencing the student behavior/use/abuse–current fads, popular movies, popular music, and new drugs coming into the community. Is alcohol being sold by the same store owners, or mostly being obtained through the family's supply?

Where are students using and when? These are two vital questions when you begin to examine alternatives. Who are the kids' role models, not only in the school but within the community?

Sound like lots of information to gather? Most of it will come from the students themselves if you provide a safe environment for an open discussion. A great deal will come from observations and open forums with parents. Civic organizations and law enforcement will cooperate too, if they know why.

You're looking for impact, you're looking for a comprehensive program, and you're looking for people to support the program. Utilizing needs assessment and evaluation will provide you with the mechanism you need.

From *Western Center News*, Volume 2, Issue 2, March 1989

Task Force Explores Evaluation Trends, Goals

By ROY GABRIEL
Northwest Regional Educational Laboratory

Drug program evaluation must be "demystified" if it is to be a powerful tool in prevention efforts, concluded members of a Western Center evaluation task force at a recent meeting.

In September, Western Center evaluation staff met with national consultants to discuss future directions in the evaluation of local Drug-Free Schools and Communities programs. The group was charged with reviewing the Western Center's evaluation activities to date and looking toward the next four years in prescribing evaluation assistance most needed.

Invited participants included: Bonnie Benard, author of several research articles on prevention education, formerly with the Illinois Department of Education and currently on a consulting appointment with the Western Center's Far West Laboratory office; Jim Emshoff of Georgia State University, formerly with the Office of Substance Abuse Education and evaluation consultant to the Parents' Institute for Drug Education (PRIDE); Eric Goplerud, evaluation advisor to the Office of Drug Control Policy Office in Washington, D.C.; Tracy Manger, evaluation specialist with David Hawkins' Social Development Research Group at the University of Washington; and Judy Thorne, project director of Research Triangle Institute's national evaluation of the Drug-Free Schools and Communities program.

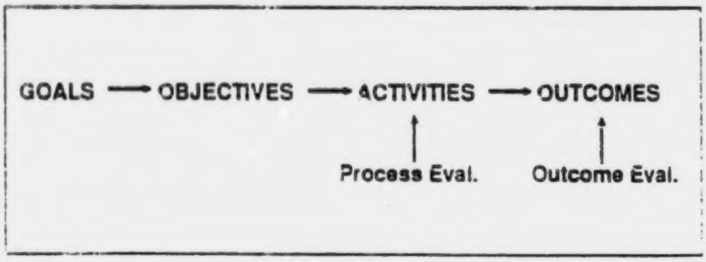
Their recommendations can be summarized in four areas:

1. *Evaluation must be demystified* if it is to be a useful component of a local program. There are no magic evaluation methods which are easily implemented at the local level. The figure in the next column illustrates the necessary linkages from goals to objectives to program activities to intended outcomes. Process and outcome evaluation focus on the last two links in this chain. If local program staff can articulate these linkages, evaluation staff can help with the methods to assess the effectiveness of the program.

2. *Clear, concrete illustrations of the usefulness of evaluation* results must drive Western Center efforts in training and technical assistance in this difficult area. When an evaluation plan clearly follows the program plan, as depicted in the figure above, its results provide useful feedback in refining the activities of the program.

For example, a process evaluation activity looking at the implementation of the prevention curriculum may find that classroom teachers are devoting much more time to some units than others. Interviews with these teachers indicate that the material in many units is unfamiliar to them and the teacher's guide does not help. One solution may be to schedule a more structured training in the use of the curriculum. Another may be to organize a regular but informal discussion group of teachers for the purpose of sharing how each of them implement the lesson plans. Bolstering the curriculum in this way not only improves its implementation, it improves the program's chances of realizing its intended outcomes.

3. *Identifying viable, quality methods and instruments to measure program outcomes* is a concrete piece of technical assistance sorely needed. The intended outcomes of local programs vary far and wide from the "bottom line" of reducing alcohol and other drug use. Objectives may include enhancing students' self-esteem, their feelings of optimism for the future, their sense of control over their own destiny, their attachment to the community around them, and so on. Assessing these affective outcomes can be tricky, and it is critical to identify



those who have the necessary technical characteristics to provide quality information. Outcomes beyond the school or district level can also provide key information on the more systemic effects of local programs. Trends in such community indicators as arrests for drug-related offenses, DWI citations, and alcohol- or drug-related hospital admissions provide a broader-based look at what the school and community are accomplishing together. (See the article "Statistical Profile" on Page 11.)

4. Continued efforts at *networking with local staff who are actively evaluating their programs* will improve the state of the art of evaluation practice across the region. Among the 1,500 school teams the Western Center has worked with in its first three years, there are a number of solid, informative evaluation plans underway. The Center has identified a number of these and provided some technical assistance through its "model evaluation site" project.

Evaluation efforts in these sites focus on a variety of program components: prevention curricula, student assistance programs (see the article on the SAP Assistant computer program below) and parent involvement, to name a few.

The experiences and advice of these local program coordinators and staff is invaluable toward meaningful evaluation practice. The Western Center will be organizing a conference featuring these individuals and their evaluation experiences. Fostering their communication with each other, and with their peers across the region, will be a priority for the Center in the next few years.

With this guidance and reflection on our efforts over the past three years, the Western Center will continue to blend workshop training, tailored technical assistance, and product development toward the meaningful application of evaluation in local programs.

For more information, contact Roy Gabriel, Associate Director for the Western Center for Drug-Free Schools and Communities.

From *Western Center News*, Volume 4, No. 1, December 1990

EVALUATION

At its best:

- Informs alcohol & drug coordinators about what is working
- Supports funding decisions
- Reports to interested groups

At its worst:

- Harasses program staff
- Provides useless information

Even at its best, the evaluation effort may be viewed at times as a burden by program workers. Demonstrating that evaluation ultimately helps improve the quality and effectiveness of program services is the best approach to gaining the participation and cooperation of program staff.

Section 2

Evaluation Practice

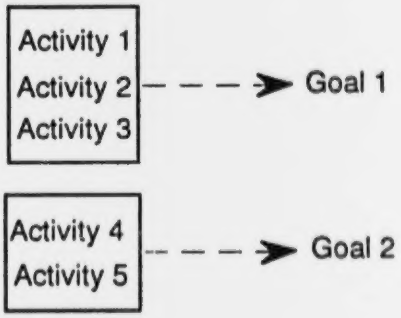
SECTION 2: EVALUATION PRACTICE

The next group of exhibits and readings is about evaluation practice. Perhaps the most basic task in this domain is to determine the feasibility of evaluating a particular program. The exhibit titled "Preconditions for Evaluation" provides an approach to making this determination. In this formulation, the "program" is carried out through "activities" which have a clear relationship to goals and intended effects. There is a definite rationale which connects the program's activities to the outcomes being sought.

The remainder of this section discusses various methods of data collection that can be used to assess both program implementation (formative evaluation), and program effects (summative evaluation).

PRECONDITIONS FOR EVALUATION

PROGRAM



Activity 1
Activity 2
Activity 3
Goal 1

Activity 4
Activity 5
Goal 2

A clearly articulated program

Clearly specified goals and/or effects

Rationale linking program to goals and/or effects

EVALUATION: THE BASIC STEPS

Goals & Outcomes
Indicators
Data collection methods
Comparison groups
Analysis techniques
Reporting strategies
Use

Evaluation: The Basic Steps

Goals & Outcomes

What is the intended overall effect of the program? What changes in individuals, groups, or systems are the intended result?

Indicators

If the intended result occurs, what are some specific observable changes or events that would also occur? Note that an indicator is not the same thing as a goal. An indicator provides a visible **indication** of the outcome of a program.

Data Collection Methods

Selection of indicators leads directly to planning a systematic method of gathering information about the indicators. Many alternatives may be available. Choice of a method can hinge upon (1) consideration of the general advantages and potential pitfalls of various methods, and (2) unique characteristics of time and place which may influence a program's implementation and outcome.

Comparison Groups

Some reference point will probably be needed in order to interpret the data collected about the indicators. Since indicators are usually characteristics measured within a group of individuals exposed to the program, it will also be important to make similar observations in a similar group of individuals who were **not** exposed. Solving practical difficulties relating to establishing a suitable comparison group is likely to be a significant issue in the development of an evaluation design.

Analysis Techniques

Like the rest of the design, the approach to analysis should be specified before the project begins. This way, the evaluator can assure that the necessary information is collected--and that all of the information collected will be of value in the analysis. Most projects will require at least a descriptive data analysis. Often, the full potential of the findings will not be realized without the application of somewhat more specialized and advanced techniques for data analysis.

Reporting Strategies

No single report format or method of presentation will suffice for all the audiences and types of use the evaluation is likely to face. An understanding of the information needs of a given group or individual at a given time in the life of the program will be necessary in order to facilitate appropriate understanding and use of evaluation results.

Use of Evaluation Findings

Evaluation results can be used throughout the life of a program--while it is underway to guide mid-course corrections, if needed, and at the conclusion to contribute to the improvement of program design for the next generation of the implementation/evaluation cycle.

PLANNING ISSUES--UP FRONT

- Money (!)
- Recordkeeping
- Data Analysis Resources
- Time constraints
- Staff availability
- Money (!)

Some of the factors to consider in planning an evaluation are listed in the exhibit titled "Planning Issues--Up Front." First and last on the list is "money (!)," which does **not** mean evaluation is prohibitively expensive, but does mean that evaluation costs need to be considered in planning. Some authorities have suggested that evaluation costs can be very minimal, because the needed expertise can be found among individuals already working in a program in other capacities, and other needed resources can be found at little or no cost. While such a happy circumstance may at times occur, it is more often likely that evaluation, like other services of value, will require some funding.

Advantages and Disadvantages of Various Data Collection Methods

Questionnaires:

Advantages:	Easy to administer. Easy to tabulate responses. Answers remain anonymous.
Disadvantages:	No opportunity to clarify questions or responses. Requires respondents to read and write. Easy to fake responses.

Interviews:

Advantages:	Questions can be clarified when needed. Unclear responses can be pursued. Does not require respondents to read and write.
Disadvantages:	Time-consuming to administer. Time-consuming to summarize responses. Requires training of interviewers.

Observations:

Advantages:	Provides accounts of actual occurrence. Does not rely on respondent's recall. Does not rely on responses of respondents.
Disadvantages:	Intrusive. Requires training of observers. Errors in coding may occur.

Existing Records:

Advantages:	Wide variety of information is readily available. Relatively low cost to obtain. Does not require much training to collect.
Disadvantages:	Records may be incomplete. Legal requirements may arise. May require time and effort to extract information needed.

Development of Questionnaire and Interview Instruments

Planning

Specific questions used in self-report instruments should be prepared in the context of a total evaluation plan. Many questionnaires and interviews yield useless information, simply because the evaluator did not take the time to construct a plan. The following steps are suggested in planning your self-report instruments.

1. Determine what information is to be sought.
2. Determine what format the instrument will take.
3. Develop the first draft.
4. Revise the first draft.
5. Pilot-test the instrument and revise if necessary.
6. Write the detailed procedures for use.

Question Development

1. Is the question necessary?
2. Is more than one question necessary to get the information you need?
3. Do respondents have enough knowledge about the question to be able to answer?
4. Is the question biased?
5. Will the content of the question offend, embarrass, or otherwise lead the respondent to not want to answer?
6. Is the wording clear?
7. Is the language level appropriate?
8. Do the words evoke an emotional response?

Sample Interview Questions

A. For District/School Site Program Administrators:

1. Describe the implementation of the activities, management procedures, and budget allocations of the program.
2. How have you departed from your intended plan, if at all, in these three areas? Why have you departed?
3. What particular problems have you encountered?

B. For Teachers:

1. How were you informed of the program and your role in implementing it?
2. Describe your role in the implementation of the program.
3. Did you receive training and/or assistance in carrying out your role? If so, please describe. Was it adequate?
4. Did the program operate smoothly and efficiently in the classroom? If not, why not?
5. Was the program well-managed? If not, why not?

C. For Students:

1. Describe the program to me. Tell me about the topics that were covered and how the material was presented to you.
2. Did your teacher seem comfortable and well prepared in presenting the material?
3. Were there any incidents that occurred while the program was being carried out that stand out in your mind.?
4. Did you enjoy the program? Was it interesting? Did you learn from it?

D. For Parents:

1. Are you aware of the program which is being carried out in the district/school? If so, how did you find out about it?
2. Were you involved in the planning or carrying out of the program? If so, in what way?
3. Has your daughter/son commented on the program? If so, describe comments.
4. What is your opinion of the program?

Tips on Interviewing

1. Ask friendly questions to help the person being interviewed feel more at ease.
2. Restate questions when the interviewee looks puzzled.
3. Express interest, periodically.
4. Incorporate/repeat interviewee's key phrases and terms in questions and in notes.
5. Express/reaffirm complexity of program requirements.
6. Avoid a series of questions beginning with 'why' (may contain a judgmental component).
7. Ask for a concrete example if response is vague (I wonder if you could give me an example of that?).
8. When the interviewee looks uncomfortable talking about a particular topic, "tread gently."
9. Emphasize the sharing nature of the interview and avoid judgmental queries.
10. Acknowledge any "ventilation" of feelings that occur before proceeding to next question.
11. If possible, try to take only brief notes during the interview itself and concentrate on the responses.
12. Confirm/double check important points.
13. Take a break during lengthy interviews.
14. Jot down exact quotes or phrases once in a while. They add some personal flavor to notes.
15. Allow only limited freedom for interviewee to go off on a "tangent." Maintain focus on improvement issues, rather than respondent (or your own) interests.
16. At close of interview, allow for possibility to return to ask for any necessary clarification.

Source: Spradley, J.S. (1979). *The Ethnographic Interview*. New York. Holt, Rinehart and Winston

Conducting Observations

1. Classroom observations are a very expensive and time-consuming approach to evaluation, so be sure that you can afford and/or really need this information.
2. The determination of what behaviors, events, and environmental features you will be observing is essential before deciding to use this measure.
3. The kind of training needed for observers must be carefully planned.
4. All observers need training.
5. Observers should be carefully selected. You need observers that are unobtrusive, preferably not familiar with teachers or students to be observed.
6. All teachers are not amenable to having an observer in their classrooms. A meeting with teachers to explain evaluation and alleviate fears is recommended. If possible, teachers should volunteer for this activity.
7. Be prepared for complications in scheduling, e.g., substitute teachers, shortened classes, school events preempting classes, students leaving on field trips.

DOCUMENT REVIEW CHECKLIST

Definition

A "document" may be defined as any kind of written or printed information that can be used in support of or as evidence for a particular study. By collecting, sequencing, and interpreting documents, the evaluator can trace the origins of a given situation and put it in context.

Types of Documents

Documentary information can include:

- school records
- census figures
- personnel files
- socioeconomic facts
- test scores
- medical information
- description of proposed program objectives, implementation plans, management plans, budget
- demographic information
- program philosophy
- background material describing problem, content, and context
- needs assessment information
- information about community, school, industry
- materials, such as objectives, lesson plans, instructional guides, teachers' manuals, textbooks, handouts, testing instruments
- progress reports, evaluation reports

Planning for Gathering Documentary Information

1. What are the documents that are relevant to the program being evaluated?
2. How do you determine the "relevant" documents?
3. Whom would you ask to make this determination?
4. Where are the locations at which these documents are stored? What are the hours these offices/locations are open for you to visit? Who knows this information?
5. What are the names of the people who supervise/monitor/store these documents? Again, who knows this information?
6. Whose permission do you need to examine these documents?
7. Can the documents be removed from any of the locations or must they be reviewed at the site? Who can tell you this information? How long can you keep the documents?
8. For each document or type of document what information are you looking for?

Access to Data Sources

After determining the information you want to obtain, identifying the groups of people from whom you will be soliciting this information and the types of documents you will be reviewing, and matching with appropriate data collection instruments, then you will need to determine how to get to these people and documents for the information. In order to make this determination you will need to be informed of and act according to the following policies and procedures:

1. District/school policies for conducting an evaluation and established procedures for contact with board members, staff, students, parent, and community school-based organizations
2. The legal restrictions and requirements for examining and reporting confidential information
3. Any school/community protocol to be observed in the conducting of an evaluation.

This information is essential to know in the early planning stage of your evaluation so that:

1. You discover **if** you can implement your evaluation
2. You can **revise** any changes needed in the evaluation design based on school/community guidelines/policies/restrictions
3. You can build in enough **time** to carry out needed access tasks.

Some examples of access issues are:

1. If you plan to interview students:

   Who needs to know and/or from whom do you request permission? teachers? principals? superintendent? parents?
2. If you plan to examine student records:

   What are the district, the federal, and the state policies regarding access to, and reporting of, confidential information?

Also, be aware of courtesies to be extended and attention to public relations in conducting an evaluation. Some people do not need to know about the study but your evaluation efforts would be well served if you provided this information to not only key members of the business community, but also to religious, civic, and other community organizations.

CONFIDENTIALITY OF STUDENT RECORDS

A Guide for School Districts Establishing Policies and Procedures for Alcohol and Other Drug Use Student Assistance Programs

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Student Records Policies and Procedures

A school district, at a minimum, must adopt a written policy in compliance with the Family Education Rights and Privacy Act (FERPA), if it receives any funds from the U.S. Department of Education. Districts are strongly encouraged to go beyond this minimum requirement and adopt a policy and procedures which take into consideration other federal laws and regulations and state legal requirements. At the same time, schools will want to keep requirements for the maintenance of student records as simple as possible, and their use efficient and convenient for legitimate and valuable educational purposes.

The following "model" is provided to assist district personnel in developing student records policies and procedures.

Section One: Definitions

For purposes of this policy, the district may wish to define such terms as:

- Student
- Eligible Student
- Parent and Guardian
- Education Records

Section Two: Notification

A provision providing for annual notification of parents of their rights is required. The method of notification must consider parents who have a primary or home language other than English. The method of notification must be specified, such as publication in the student handbook or direct mailing to homes.

Section Three: Collection of Information From Students

The programs and information should be specified which are subject to the requirement of advance parental consent before collection, as well as the method of obtaining consent.

Section Four: Inspection of Education Records

Parents or eligible students must have the opportunity to inspect and review a student's education records upon request. Optional methods for doing so may be specified.

The parents or eligible students should submit a request to a specified school official, identifying as precisely as possible the record requested.

The school official needs to arrange access promptly and notify the parent or eligible student when and where the records may be inspected. Access must be given within 45 days of the request

A parent or eligible student may not inspect or review the portion of a record pertaining to other students.

Section Five: Inspection of Student Assistance Program Records

Special provisions should be spelled out related to confidentiality of alcohol and other drug use records.

Section Six Inspection of Instruction Materials

Programs and materials should be specified which are subject to the request of parent inspection, as well as the procedure for responding.

Section Seven: Refusal to Provide Copies

Although the school may not refuse a request to inspect and review a record, it may specify circumstances where a copy of the record will not be provided to parents; for example, if the record includes answers to a standardized test

Section Eight: Fees for Copies of Records

The fee for copies must be specified, but the actual fee is optional. The district may not charge for search and retrieval of records; it may charge for copying time and postage.

Section Nine: Type, Locations and Custodians of Education Records

A list should be provided of the types of records maintained by the district, such as:

- Cumulative School Records
- Health Records
- Speech Therapy Records
- Psychological Records
- Student Assistance Program Records
- School Transportation Records
- Test Records

The location of each and the custodian (school principal, health director, psychologist, pupil transportation director, etc.) also should be listed.

Section Ten: Disclosure of Education Records

A provision is required specifying exceptions to confidentiality; that is, under what circumstances, and to what individuals and agencies, will information be disclosed without parental consent

Section Eleven: Records of Request for Disclosure

Provision must be included for maintaining a record of requests for information disclosure, including the individual or agency making the request, what information was requested, and whether the request was granted.

Section Twelve: Directory Information

If the district decides to exercise the option of disclosing directory information, items which are to be made available should be specified.

Section Thirteen: Correction of Education Records

Provision must be made for the correction of records. Procedures should cover the method of requesting, options for the district in responding, and methods for arranging and conducting a hearing, issuing a written decision, and amending records.

Frequently Asked Questions

Q: *What kind of notification needs to be provided to parents and when?*

A: A district must notify parents annually of the requirements under FERPA. If parents have a primary home language other than English, the district must effectively notify them. Notification typically is done by publication in the student handbook or at the beginning of the school year by mail.

Q: *What records are subject to confidentiality and consent requirements?*

A: Any record, in handwriting, print, tape, film, or other medium, maintained by the school or an agent of the school is covered except:

- A personal record made by an individual school staff member and kept in his or her personal possession, made available to no one other than the person's temporary substitute
- An employment record used only in relation to a student's employment by the district
- Alumni records containing information about a student after no longer attending the district

Q: *Is parental consent required to conduct a survey of students' attitudes about and use of alcohol and other drugs to obtain information for planning a school prevention program, if individual students are not identified?*

A: The only federal restrictions on gathering information from students are provisions of the so-called Hatch Amendment. These provisions only apply if funds provided by the U.S. Department of Education are used to conduct the survey, and not if state and local sources of funds are used. If parental consent is required before surveying students, the requirement applies regardless of how the information is to be used or reported.

Q: *Should certain records, such as those related to student alcohol and other drug use assistance programs, be kept separate from other school records, such as general academic records?*

A: Probably yes, which may further complicate student recordkeeping systems and procedures. Different confidentiality and consent requirements may apply to various alcohol and other drug use records maintained on students. The result may be three or more different "categories," depending on the combination of federal and state requirements which apply.

Q: *What information can be released to an individual, the press, or the public in general without prior parental consent?*

A: Information which is not "personally identifiable" can be released. Typically, this is aggregated data in the form of program evaluation reports and schoolwide or subjectwide achievement reports. Likewise, "directory information" may be released including names, addresses, telephone numbers, major field of study, date and place of birth, participation in activities and sports, dates of attendance, degrees and awards received, most recent school previously attended, and photograph. However, names and other information about students participating in any alcohol and other drug use prevention, diagnosis, referral, or treatment activity are confidential and may not be disclosed without prior written consent.

Q: *Are there certain individuals or organizations that confidential information can be provided to without parental consent?*

A: Some of the specific parties to whom the law allows schools to disclose otherwise confidential student information are:

- School employees who have a "need to know" - Other schools to which a student is transferring
- Certain government officials carrying out their functions
- Appropriate parties in connection with financial aid to a student
- Organizations doing studies for the school
- Accrediting agencies
- Persons who need to know in case of health and safety measures
- A school must keep a record of any such request and disclosure.

Dual Requirements: Confidentiality and Consent

The dual requirements of confidentiality and consent are closely allied issues which school districts face in maintaining student records necessary for the efficient and effective operation of their educational programs. A complicated set of federal and state laws and regulations apply. Some apply to most student records regardless of the source of funds supporting the program, the educational subject, whether it is part of the core curriculum or an experimental program, or the purpose for which information is gathered and used. Other laws and regulations apply specifically to alcohol and other drug use programs and activities, or specifically to experimental programs, or only to federally funded activities.

First, every school district should develop, adopt, and implement a clearly stated student record policy and procedures.

Second, the staff, parents, and students should be informed about the policy and procedures, so that they understand requirements, their rights to access, and restrictions on such rights.

Third, in implementing a records system, district staff should examine carefully each set of laws and regulations to determine what student records are subject to them.

This guide was prepared to provide school districts with basic information for planning how to proceed in completing these tasks. Information is provided about the three primary federal requirements. Most states also have applicable laws with varying requirements.

Because the topic is legally complex, school districts are advised to seek legal counsel on issues of confidentiality and consent prior to developing a policy and procedures.

Applicable Federal Laws and Regulations

Requirements and restrictions on student records related to drug and alcohol and other drug use prevention and intervention activities are spelled out in three major federal laws and regulations.

1. The Family Educational Rights and Privacy Act (FERPA) requires that educational agencies provide information contained in student records to students who are 18 and parents of students who are not yet 18. Further, it precludes schools from disclosing this information to others, with certain exceptions.

2. Student Rights in Research, Experimental Activities, and Testing (the Hatch Amendment to the General Education Provisions Act) requires parental consent for a student to participate in programs involving psychiatric or psychological testing or treatment, or designed to reveal information pertaining to personal beliefs, behavior, or family relationships. It also gives parents the right to inspect instructional materials used in research or experimentation projects.

3. Confidentiality of Alcohol and Drug Abuse Patient Records regulations issued by the U.S. Department of Health and Human Services also apply to school-based programs, providing for confidentiality.

Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act regulations became effective in 1976. Basically, the law says federal funds may be withdrawn if an educational agency fails to provide parents or legal guardians access to their child's educational records. It also precludes schools from disclosing this information to others without the consent of parents or guardians. After students reach the age of 18, they may exercise these rights on their own.

There are few exceptions to the requirement for prior consent before releasing information, usually requiring a court order or overriding state law.

If a parent, guardian, or student over age 18 reviews the information and believes it is misleading, inaccurate, or violates a student's protected rights, the information can be amended. A hearing may be held if there is disagreement.

In virtually all cases, the student assistance program records maintained by a school district are subject to FERPA requirements.

Student Rights in Research, Experimental Activities, and Testing (Hatch Amendment)

The General Education Provisions Act requires that instructional material in federally assisted research, or experimentation projects designed to explore new or unproven teaching methods or techniques, be available to the parents of participating students. Furthermore, no student can be required to participate if a parent submits a written objection.

The Hatch Amendment, passed in 1978 and regulated by the U.S. Department of Education since 1984, further requires parental consent before the student participates in programs involving psychiatric or psychological examination, testing, or treatment designed to reveal information pertaining to personal beliefs, behavior, or family relationships.

The regulations are sweeping in that they define psychiatric or psychological examination or treatment as including activities that are not directly related to academic instruction and are designed to obtain personal information, behavior, or attitudes.

They apply only to activities supported by funds provided by the U.S. Department of Education, not to all school activities.

Confidentiality of Alcohol and Drug Abuse Patient Records

These U.S. Department of Health and Human Services regulations, as amended in 1987, clearly apply to school-based programs that deal with the referral of students for treatment for alcohol and other drug use. While the regulations apply to "federally assisted programs," this is generally assumed to include any organization receiving any federal assistance (including state pass-through funds).

While school programs rarely diagnose or label students as alcohol or drug dependent, they do "refer" students who display certain signs and symptoms which may be characteristic of alcohol and other drug dependency to assessment. While one could argue the school has made no such diagnosis or labeling of alcohol or drug dependency, the mere fact of referring, based on certain signs and symptoms associated with dependency, could be considered as referring alcohol and drug dependent students.

In general, these regulations prohibit information being supplied to anyone about persons in an alcohol or drug related program, unless the student and parent consent; there is a court order; disclosure is made to medical personnel in an emergency; or the information is used for research, program evaluation, or audit purpose.

Collection of Student Information

The only restriction on the collection of information from students is a provision of the Hatch Amendment requiring consent of an adult or emancipated student, or the parent or guardian of a minor student. This provision only applies to federally funded activities which are a part of a research or development project.

Release of Student Information

In general, prior consent of a student, parent, or both is required before a school can release "personally identifiable information"; that is, when it is information about a specific, identified student.

Information which is not "personally identifiable" generally can be used for such purposes as research, program planning and program evaluation, and reports of the results may be made available to the public.

Each of the three federal laws and regulations has specific exceptions which permit schools to release otherwise confidential information without student or parent consent to certain persons and agencies for certain purposes. Examples include release of information to school employees, including teachers, who have a legitimate educational interest in the student, and transfer of records to another school where the student seeks to enroll. Specific provisions should be looked at carefully in these instances.

The Western Regional Center for Drug-Free Schools and Communities is one of five regional centers in a national network established by the U.S. Department of Education through the Drug-Free Schools and Communities Act of 1986. The Center serves the following states and territories: Alaska, American Samoa, California, Guam, Hawaii, Idaho, Montana, Northern Mariana Islands, Nevada, Oregon, Palau, Washington, Wyoming.

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Section 3
Needs Assessment

SECTION 3: NEEDS ASSESSMENT

When information is needed about the nature and scope of a problem, a needs assessment may be conducted. Problems typically become more visible and better understood as the available information becomes more complete. Early reports concerning a problem tend to be fragmentary and anecdotal. If such information seems to indicate there is cause for concern, oftentimes pressure will build within institutional systems to "do something" about the problem. Needs assessment can thus be viewed as an important early step in the process of fashioning an effective and appropriate response to the problem.

The purpose of needs assessment is to gather information which is more data-based and comprehensive, and collected systematically, than anecdotes or hearsays. The purpose is not to fish for alarming statistics intended to support a pre-selected course of action, nor is it to identify problem solutions or strategies (although information derived from needs assessment may of course be used in this process).

Information about the extent of a community's alcohol and other drug problems can be used in three major ways:

1. To establish a common understanding of the nature and extent of problems in the community.
2. To overcome the common human tendency to minimize or deny the existence of unwelcome information.
3. To establish a baseline, before intervention, to use as a comparison point for a later assessment of program effectiveness.

Needs assessment can also help suggest priorities for the program implementation. For example, services can be targeted toward particular age groups, current programs or activities can be reinforced or refocused, or other available resources can be identified.

Needs Assessment: Process and Strategies

BY CAROL F. THOMAS
Southwest Regional Laboratory

What is the extent of alcohol and drug use by students in our school and adults in our community? What is the pattern of abuse locally? What factors are associated with use? What resources exist in our school and community for solving the alcohol and drug abuse problem? Implementing an ongoing needs assessment process in your community can provide the answers to these and other important questions useful in the prevention of drug and alcohol abuse.

Needs assessment is a label applied to a large number of data gathering, analysis, and interpretive activities conducted for the purpose of providing direction for, or justifying, programs and policies. The process of needs assessment has acceptance as a common sense notion because program sponsors and program directors want a more objective and rational basis for making resource allocation decisions.

In the area of substance abuse, there are many compelling reasons for engaging in the needs assessment process. Over the last five years, more and more school districts and communities have begun to implement prevention programs to address the problem of substance abuse. If these efforts are to be effective, program planning must proceed based on a careful analysis of the problem and continuous monitoring of the process.

The results of a comprehensive needs assessment can be used to guide the planning, development, and implementation of services and programs to fight substance abuse.

There are many activities being lumped together under the label "needs assessment" that can have quite different purposes. Needs assessment can direct the planning process, determine the extent and nature of problems, identify specific problems to address, assist in the development of a program philosophy, determine resources available, identify needs for technical assistance from others, and motivate people to action. Needs assessment is not a fishing trip for any and all kinds of data. The focus should be on the need for drug and alcohol prevention and intervention programs in the schools and community. The data should be collected with a purpose, use, and audience in mind.

Needs Assessment, Program Planning and Evaluation

It is important to remember that needs assessment is only one component in a comprehensive program for drug and alcohol abuse prevention. The planning process is another way of deciding: Where are we now? Where are we going? How are we going to get there? And how will we know when we have arrived?

These questions illustrate the relationship between needs assessment, program planning and program evaluation. We ask "Where are we now?" to identify needs, examine data, and determine strengths and weaknesses in present programs. The question, "Where are we going?" relates to our goals that we want to achieve. "How are we going to get there?" is the steps or methods we choose to reach the goals.

The last, "How will we know when we have arrived?" relates to evaluating our efforts. It is how we can make mid-course corrections to our program implementation and tell others whether our efforts have been successful.

Why Do a Needs Assessment?

Our mission is clear–to promote drug-free schools and communities. Needs assessment identifies, as closely as possible, the problems that the planning process will address. As a precursor to the planning process, needs assessment enables long-and short-range goals, objectives, activities, and resources to be applied more effectively to the problem.

Generally the following types of problem-oriented data are collected: 1) school and community drug-use indicators that give data on the incidence and prevalence of drug use; 2) legal and problem behavior indicators that are believed to be correlated with drug use, such as crime rates; 3) health indicators that provide information on drug-related emergencies and use of treatment facilities; 4) psychological or developmental characteristics that are believed to be correlated with future drug use, such as aspects of family interaction; and 5) social or economic conditions that correlate highly with drug use, such as persistent unemployment.

Another important reason to conduct a needs assessment in your community is to determine what resources are currently available to address the drug and alcohol abuse problem. Resources will include the number and types of programs that exist, the services provided, the availability of the services to potential clients, and the finances, staff and materials available.

This type of needs assessment, when compared with the resources needed to solve the problem, can identify duplication of effort or underutilized resources. It can help set priorities for target groups, areas of particular concern, political considerations, and so forth.

The discrepancy between the resources needed and the resources available will have an impact on the feasibility of any plan. Sometimes it also identifies the need for particular expertise which needs to be obtained from outside the particular agency.

Steps Necessary for Conducting a Needs Assessment

The first step in any needs assessment process is to identify the purpose of the needs assessment. The objective of this step, however, is to brainstorm with your key stakeholders and jot down the responses to two questions: Why do we need to do a needs assessment? What will we do with the information? Given this information, the next task is to review it and prioritize the various reasons your group might have for conducting a needs assessment. This step sets the stage for your needs assessment activities and motivates the group to participate in the process.

Step two is to organize the effort and assign responsibilities so that the process is successfully carried out. A key person should be identified who will be committed to seeing that tasks are accomplished. This does not mean that one individual alone will be able to handle the job. Individuals, groups, or agencies also should be identified that can work on subcommittees or task work groups, or can contribute resources to the process or who can cooperate in the needs assessment by providing data or information. In addition, individuals, groups, or agencies that will need to be informed about the needs assessment results, implement the findings, or be affected by the results should be noted. This step is important to ensure that any fears about the needs assessment are allayed and that key persons have bought into the process and will facilitate the data collection activities.

The third step in the needs assessment process is to establish the information requirements and identify existing data. The questions that need to be addressed are: What information do you need to document the problem? Where is or who has the information needed? Your needs assessment task force should brainstorm to identify the sources of data in your community. What methods will generate relevant information? How much new data collection will be needed and how much information can be obtained from existing data? If resources permit, it is advisable to use multiple methods to gather information about a problem. In this way you can have more confidence in the results.

The fourth step is to develop the needs assessment plan. This plan should incorporate information obtained in the previous steps. In developing your action plan, consider the resources and constraints that may affect which needs assessment techniques you choose. For example, how much money is available to be applied to this effort; what other resources are available; who can supply in-kind services; how much time can be allocated to the assessment? Consider the various techniques available for collecting the information you need and decide which fit your resources and constraints.

Step five is to implement the plan, document, and judge the results for those involved in program planning. A common understanding of the problem will be developed through the needs assessment process. Problem statements can be generated that summarize the conclusions of various pieces of information. In addition, a clear picture of the resources that exist in your community will emerge.

Reporting needs assessment results can help combat denial that may exist in the community because it can identify a pattern of drug and alcohol abuse locally. The needs assessment will also establish a baseline for later assessments of the effectiveness of various school and community prevention or intervention strategies.

Political Process

Planning for substance abuse programs, whether in the schools or in the community, requires collaboration between a variety of people and agencies—collaboration in identifying the purpose for the needs assessment, for assistance in collecting data, and for support in discussing the results in the community. Collaboration reflects and is embedded in an American tradition that assumes that groups of institutions, agencies, and community representatives are more effective in solving complex problems than if independent and unilateral actions are taken.

The needs assessment process necessitates negotiating value systems among constituencies with different interests and objectives. Collaboration requires people to extend themselves into unknown and less comfortable areas. Such time consuming efforts are seldom rewarded. Collaboration is facilitated when there are clear-cut, agreed-upon goals and functions. The effectiveness of any collaborative effort will depend on the abilities of the partners to accurately and honestly assess their capabilities and those of their partners and their ability to develop an atmosphere of trust so that no member of the collaboration feels that he or she is being preempted.

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From *Western Center News*, Volume 2, Issue 2, March 1989

Statistical Profile: A Good Place to Start

■ The Regional Drug Initiative has assembled data on health, crime, and substance abuse as a focus for community action

By ROY GABRIEL
Northwest Regional Educational Laboratory

Communities across the nation are getting involved in the fight against substance use and abuse. Federal funding, training, and technical assistance are increasingly supporting efforts which begin with and are sustained by the commitment and energy of local leaders.

A critical step in starting off on the right foot is the assembly of objective data from a variety of sectors to look at the severity and complexity of the problem. Few would argue with the significance of this "needs assesssment" step, but few coalitions know how to get started. "Let's do a survey" is usually not the best start. There are informative data already being collected by public and private agencies. But it is not immediately obvious how to get at this information.

The Regional Drug Initiative (RDI), a community coalition in Portland, Oregon, has met this challenge. It has assembled data in health indicators (such as the number of drug-affected births each year), crime indicators (such as the number of adult arrests for drug offenses), incidence and prevalence of substance use (such as the percent of eighth-grade and 11-grade students using marijuana in the last 30 days), and a number of other indicators. By putting these together and displaying them in an informational brochure, the *Regional Drug Initiative Drug Impact Index*, the RDI has aroused public opinion and focused its own community action.

Working collaboratively, the RDI and the Western Center used a six-step process:

Step 1: "Brainstorm" a list of possible indicators

Convene a focus group of coalition members to generate an initial list of indicators. A group of six to eight individuals, representing diverse constituencies in the community, such as law enforcement, education, and health care—is recommended. A question like "What data have you seen that make you think we have an alcohol and drug problem in this community?" can get things rolling.

Important: At this stage, all ideas have equal weight and are not screened using any sense of right vs. wrong or important vs. trivial.

Step 2: Round out the field

Once the "wish list" is established, one or two focus group members can begin to cluster the indicators into categories or areas: health, crime, safety, treatment, etc. This lends some structure to the list and can help identify information gaps, redundancies, and other problems.

Step 3: Find available data

Focus group members, or their associates, will likely know where statistics are kept in a number of these areas. Sources might include county or state health departments, traffic safety commissions, and local police stations. Organizational and departmental structures vary from community to community, so be prepared for a series of phone calls for each indicator. You will develop your detective skills as you work your way through these systems. Keep track of your phone calls with some sort of telephone log system. Generally, you will find one key person in an office whose job it is to put these data together each month, quarter, or year.

Important: When you find this person, rejoice and celebrate! Also, nurture the relationship. You will need this individual's cooperation again and again.

Step 4: Screen indicators in terms of their availability

Returning to the focus group, members can report back how easy or difficult it is to obtain the information. Some data will simply not be available. Most, however, will be there, but not in precisely the form you want it (monthly rather than annual totals, percent rather than numbers, all crimes rather than distinct categories, etc.). Don't be discouraged. With some additional help, you will likely be able to translate available data into the form you need.

Important: There are volumes of data out there. If you find some interesting things you hadn't anticipated, bring them back to the group, but *don't get sidetracked.* Some of the best beginnings have been lost amid masses of printouts, reports, and files.

Step 5: Look for state or national comparisons

While it's true that you are looking for indicators that describe your own community, one of the first questions your audience will raise is "that's interesting, but how do we compare to other communities?" The detective work you have already done will help you here. Typically, your key contacts who have supplied you with local data will know where they send it, where it is aggregated to a larger population base, etc.

Step 6: Select a "final list" of indicators

With the extensive data gathering you've done, you are ready to finalize the list. Use at least these criteria: technical quality (reliability and validity), variety (represent several different indicator categories for a truly complete picture), and accessibility (weigh the ease or difficulty of obtaining these data, because you will likely be doing it again in the future).

Important: No indicator will be perfect. Limitations in individual indicators will be offset by the strength of the complete set. In this endeaver, the whole is clearly greater than the sum of its parts.

Once you put your indicators together, strategies for dissemination must be developed. A simple presentation, using charts and graphs with minimal narrative, is recommended. The example above, an excerpt from the *Regional Drug Initiative Drug Impact Index* brochure, shows the format developed by the Portland Regional Drug Initiative. The graph is accompanied by three short narratives: (counter-clockwise from upper left) the name of the indicator, a *brief* technical note to alert the reader to any major anomalies in the collection of that data, and interpretive remarks to represent the coalition's understanding of the data.

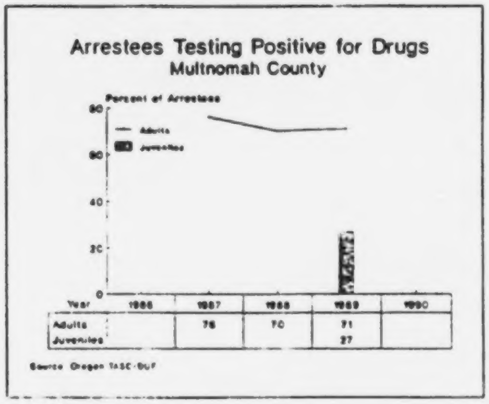
Once the information has been disseminated, *be ready.* "Real data" such as these provoke loud and varied reactions. The investment of the focus group and the overall community coalition will pay huge dividends here. The indicators selected were selected for a reason. Their meaning and interpretation have already been discussed at length within the coalition.

Get ready for action! Armed with data and information on the array of effects of substance abuse, prevention planning can proceed with focus.

The *Regional Drug Initiative Drug Impact Index* brochure (June 1990) is available from the Western Center's Resource Center. Also available is an instructional handbook entitled, *Developing A Community Profile* (September 1990).

INDICATOR #3

Percent of arrestees testing positive for one or more illegal substances as reported by the Drug Use Forecasting (DUF) Project of the National Institute of Justice.



TECHNICAL NOTE:

These data are based on results of voluntarily obtained urine samples and anonymous interviews of male and female arrestees booked into the Multnomah County Detention Center for [illegible] offenses. Data from 1987, the first year of the DUF Project, does not include female arrestees, though years 1988 and 1989 do. In 1989 juvenile detainees were tested under these same conditions. The percent figure used for this indicator reflects the percent of those testing positive for one or more illegal drug. No statewide data are available. Multnomah County is one of several sites nationwide selected by the National Institute of Justice to participate in the DUF Project.

REMARKS:

The high percent of adult arrestees testing positive for one or more illegal drug verifies the widely held belief in high rates of drug use by the criminal defendant population. The substantially lower rate among juvenile detainees is due to the exclusion of alcohol and tobacco in the standard testing procedure. Subsequent interviews of the juvenile detainees found 68% reporting tobacco use and 54% reporting alcohol use in the 30 days prior to the interview. This supports the belief that tobacco and alcohol are the drugs of choice for juveniles.

From *Western Center News*, Volume 4, No. 1, December 1990

BEST COPY AVAILABLE

Choosing A Student Use Survey

By JACK POLLARD
Southwest Regional Laboratory

School administrators often ask if there are very many surveys available measuring student use of alcohol and other drugs. The answer is: Yes, there are a lot! With the explosion of concern about student drug use, many survey instruments have been developed that are appropriate for surveying students in a school setting. Some of the surveys are in the public domain. Some must be purchased, and at quite a price. Some surveys are generally very good, but some need--as they say--further revisions.

Because there are so many surveys available, choosing the best survey for your needs can become quite a headache. Consumers should be alert to several key issues before making the decision. Many issues are obvious, such as how much does the survey cost. Other issues are not so obvious, such as whether the test is accompanied by detailed instructions concerning administration and scoring.

Below are some of the more important issues in selecting a student use survey. Not all the issues have been addressed. Indeed, it would be impossible since the choice of the best survey depends, in part, on the particular considerations of individual districts or schools.

Topics Covered: A good survey will assess students on three important dimensions: drug use, drug attitudes, and drug knowledge. Alcohol and marijuana, being the most commonly used drugs, are most often surveyed. Then there is a broad range of other illicit drugs that you will want to consider: cocaine, crack, heroin/opiates, LSD, PCP, sedatives, steroids, stimulants, tobacco and tranquilizers. It is unlikely that any one survey will cover all of these drugs--you must pick the survey that covers the topics that are of most interest to your school or community.

Grade Levels: Surveys are written for specific age ranges/grade levels. Particularly in the younger grades, the survey needs to be at an appropriate level. Read a survey for appropriateness before purchasing or adoption. Often, a survey's promoters will say it is appropriate for an early grade (e.g., grade 4), but it will be too difficult for younger children to read or to understand the instructions.

Cost and Support Services: Purchased surveys will cost from about 30 cents per survey, up to as much as $2.00. That can get expensive if you have a lot of students you want to survey. The range of support services can be equally varied. If you adopt a public domain survey, you may or may not have accompanying instructions for administration or scoring. With a purchased survey, you're likely to receive more support, including possible machine scoring and a written report interpreting and summarizing the survey responses.

Other Features: Some of the other features that you may want to consider: Are Spanish (or other language) translations available? Are there norms available on this test? How long will this test take the average student to complete? And last but not least, is it copyrighted?

With all of the surveys available, it's really unnecessary to reinvent the wheel. Choosing a good survey is just a matter of putting the time into looking through what's available, and finding what's right for you.

For a list of available surveys and tips for planning a student use survey, contact The Western Center office nearest you.

From *Western Center News*, Volume 2, Issue 2, March 1989

USING STUDENT USE SURVEYS

1. Assess needs--planning
2. Baseline information
3. Heighten awareness of community to extent of student use.
4. Evaluate program impact

Student use surveys may be used at several stages of the planning and evaluation process for AOD prevention programs. As a measure of AOD use prevalence in a community or population, the survey plays a role in needs assessment. Information from such a survey may also increase community awareness, and reduce denial, about the extent of problematic use. Prior to beginning services, survey data can help establish the "baseline" AOD use level for those individuals who are to receive the service. ("Baseline" refers to the situation before the services were provided. In advertisements which feature "before" and "after" photos of participants in weight reduction or body-building programs, the baseline is the "before" picture.) Once services are underway, and afterward, the student use survey can help evaluate outcome by showing the extent of change from baseline levels of use.

An example of a short (15 questions) student use survey, with instructions for its administration and analysis of results is included in Section 7. Other instruments are available in the public domain or through commercial sources. See the Western Regional Center publication titled "Surveys of Student Alcohol and Other Drug Use: A Consumer's Guide," 2nd edition, for a review of 27 survey instruments.

Tips For Planning a Student Use Survey

Compiled by Carol F. Thomas, Ph.D.
Western Regional Center for Drug-Free Schools and Communities
101 SW Main Street, Suite 500
Portland, Oregon 97204

Survey Elements	**Comments/Recommendations**
Clear Goals	• Provide an information base for efforts to prevent alcohol and drug use. • Heighten awareness of legislators, officials, and the public about the need to improve prevention efforts. • Have a baseline for later evaluation of prevention efforts. • Identify clusters of schools to be used as normative reference points for similar schools who do not do a survey. • Get a profile of current prevention curricula. • Keep all abused substances in perspective.
Pre-survey planning	• Plan for the publicizing and use of survey results before the survey is given. • Plan to ensure that no important decision-makers are left out (i.e., school board, superintendent, informal gatekeepers, principals, teachers). • Field test or review the content of the survey. The survey should be designed so that students who don't use drugs will take the same amount of time to complete the survey as those who do use drugs. • Include student input in developing or planning the use of a survey. • Evaluate the district's policy with respect to this kind of information gathering process. • Carefully review the survey for clarity, accuracy, readability, and utility before it is administered.
Format	• Include brief, simple instructions. • The survey should be attractive and easy to read. • Include clear items that are not confusing or subject to misinterpretation.
Content	• Questions about student use should be behavioral, e.g., "How often do you drink beer?" rather than "Do you have a drinking problem?"

	• The survey content should be coordinated across school buildings so that the responses by students at different grade levels can be compared. • Phrase questions to avoid inadvertently casting drugs and alcohol in a favorable light. • As much as possible, the survey should not suggest methods of using drugs, possible sources of, nor benefits from using drugs.
Sampling	• Random sampling can be used to reduce the number of students surveyed, but is difficult to implement in school settings. Consider administering the survey to selected grades instead. • Consider administration to at least one grade in each school building, including elementary schools.
Relevance Comprehensiveness	• A survey's questions should be similar to those of the widely used state/national surveys for future comparison purposes. • Survey content should be constantly updated to reflect the changing drug environment.
Validity/Reliability	• Meticulous wording of the survey items is essential to ensure reliability and validity Exaggerated Drug Use • Not many students do it, according to researchers. • Exaggerators and minimizers cancel out effects in overall results. • A fake drug can be added to the survey. If a large number of students say they use the fake drug, you would suspect exaggeration on other drugs as well. • Eliminate obvious exaggerators from the results (e.g., students who say they use heroin but never marijuana. The results would be more conservative, and would underestimate use, a preferable alternative from the perspective of needs assessment. Random Responding by Students • There is a lot of evidence of consistency, not random responding. Percentages of use/nonuse for each substance vary in a logical way. • Ask about the substance in several different ways and run a "consistency check." If the student is inconsistent more than once, delete the survey.

	• Use a statistical method: "internal consistency reliability index." • Compare trends in use of drugs and compare your survey results with the results of other surveys.
Confidentiality/ Consent	• Guarantee the anonymity of subjects taking the survey. • Survey students in an appropriate room other than their own classroom. • Adequate proctoring is recommended (without the proctor being able to observe responses made to specific questions by students). • Stress the importance of the survey and its voluntary and anonymous nature. • When passing out surveys, suggest that students can take from the middle or bottom of the stack if they desire. • Do not have teachers pick up questionnaires from individual students. Have students place the surveys in a box before leaving the room. • If possible, consider obtaining the "passive consent" of parents. Active consent would require a written release allowing the student to take the survey. Passive consent requires the parent to be given a reasonable opportunity to refuse the child's participation.
Logistics/ Administration	• The survey should not take longer than one class period to pass out, complete and collect. • All students in the building who are to take the survey should take it simultaneously or student interactions could change the results. • Inform the public of your intent to administer the survey by letter, newsletter, or newspaper. • Provide clear instructions to persons administering the survey. The person administering the survey must set an appropriate climate about the importance and confidentiality of the survey.
Analysis	• Answer sheets should be screened to exclude responses from students not taking the survey seriously, not following instructions, or faking impossibly high use. • Results should be compiled separately by grade for each question. A tally should also be made of the percent of students using any drug and the percent using any form of alcohol.

- Results for a grade should be compared with standards ("what should be"), with other grade levels, with district totals, with national results, and with data from previous years.

Follow-up

- Assess the sensitivity of reporting certain types of information in the community.
- Be prepared to defend the survey results.
- Use visual aids in presenting survey information.
- Release information to the community in a timely manner.

Adolescent AOD Indicator System

Western Regional Center for Drug-Free Schools and Communities
Northwest Regional Educational Laboratory

Purpose

The purpose of an adolescent AOD indicator system is to monitor the extent and nature of use over an extended period of time at minimal expense. The best indicators are those which are collected regularly using standardized definitions and which are more sensitive to changes in student behavior than to changes in how the data are collected (e.g., reductions in police budgets may reduce the number of arrests independent of any changes in the number of juvenile offenses).

This indicator system can contribute to your needs assessment and program evaluation, complementing student alcohol and drug use surveys and other outcome measures. Demonstrating outcomes using multiple measures strengthens the case that your program was effective.

An indicator system can be implemented inexpensively. Most of the indicators described here are regularly collected for other purposes on a monthly or annual basis. Someone simply needs to extract the relevant records and prepare a summary worksheet. If records on previous years are available, include statistics for two years prior to the start of your program.

School Indicators

Inappropriate school behaviors are an important sign that students are at risk. An effective Student Assistance Program should improve attendance and grades but reduce suspensions and other behavior incidents. Virtually all schools keep some records on student behavior.

The challenge in interpreting trends in school indicators is to determine whether the changes were due to the effects of your program in reducing use or to changes in policies or enforcement. A crack-down in school policies and enforcement on drinking should initially increase suspensions and alternatives to suspension but as these policies start to have an impact on student behavior, suspensions should decline. Of course, if enforcement was relaxed, that would also cause a decline in suspensions.

Another concern is that the low incidence rate of some indicators make them unreliable or unstable, so differences observed from year to year may not reflect real trends. Extreme caution should be used with indicators with very low rates of incidence.

Arrest Indicators

Juvenile arrests reflect student behaviors outside of school. Police departments across the nation report arrests in a standard way under the Uniform Crime Reporting System. Monthly or semi-annual counts of various offenses by juveniles are easily obtained from your local sheriff.

One concern in interpreting arrest statistics is matching the area of jurisdiction and the service area of the school or school district. Another concern is the potential for other factors to effect reported arrests, including the funding level for law enforcement, organizational changes (e.g., adding a drug or juvenile task force or unit), and current arrest policies.

Other Indicators

There are a few other indicators that may be obtained locally, but are not generally available.

Hospital emergency admissions. Adolescent hospital emergency admissions that involve substance abuse represent a potential indicator. Hospitals maintain case records on emergency admissions and may be asked to report to the state department of health and human services. Certified hospitals are often required to compute quality control indicators, but have considerable leeway in developing the specific indicators. In a metropolitan area, it may be possible to obtain indicators from a large health plan that serves a representative population.

The problem with admissions records is that hospital officials admit that there is serious underreporting of drug or alcohol involvement. Doctors are reluctant to report drug or alcohol involvement and the symptoms of use are often obscured by injuries requiring immediate attention.

Ambulance calls. Particularly in rural areas, ambulance calls may be more appropriate than hospital emergency admissions due to the large area the hospital serves. Ambulance services or paramedical organizations may be able to supply statistics on adolescent drug and alcohol related ambulance calls.

Adolescent treatment. Some states require treatment providers to submit data on in-patient and out-patient services provided during the year. Summary statistics may be available from the state Health and Human Services Department, the state Office of Alcohol and Drug Programs, or the local service providers.

Section 4

Program Planning and Process Evaluation

SECTION 4: PROGRAM PLANNING AND PROCESS EVALUATION

An evaluation consultant was asked to help a school district design an evaluation approach for its prevention effort. The district had an impressive array of programs and services. All the bases were covered: prevention, early intervention, referral, and aftercare. Several different activities were occurring in each of these areas. Nevertheless, the district had difficulty providing the evaluator with a clear statement of the unifying goals and objectives these activities were intended to achieve. A closer look revealed a general lack of integration between the activities. There were discontinuities across grade levels, inconsistencies in the message presented by the various curricula being used, and inappropriate rivalries between groups involved in the various activities. The district had launched these activities piecemeal, over several years, and had not successfully confronted basic issues in a way which would have allowed it to build a coherent approach. District officials concluded that the opportunity to verify the achievement of meaningful results had largely been lost, as a result of deficiencies in planning. All energies had been devoted to implementing services, with evaluation considered after the fact. Evaluation is useful when planning is carried out to ensure that services work toward a consistent purpose. Evaluation obliges the planner to view services as means to an end, rather than as an end in themselves.

The systematic monitoring of program operations, as they relate to program plans, objectives, and goals, is called process or formative evaluation. Here, the focus is on the services and activities provided, who received them, when, how often, and so forth. Process evaluation studies the implementation and ongoing operations of the program. It allows the provider to describe how the intervention was delivered. This information is needed for several purposes, not least of which is to provide a background for the other major component of evaluation effort: the study of program outcome.

'Ask Dr. Evaluation'

How to Plan a Process Evaluation

By JACK POLLARD
Southwest Regional Laboratory

Suppose you want to quantitatively document the operation of your project or program, but you don't know where to start. You can get the answers you need by designing and conducting a "process evaluation." Here's how to proceed:

The best way to begin planning a process evaluation is by thinking carefully about the structure or organization of the program that is to be evaluated.

Most programs, at a general level, have several similar features (see Figure 1). First, all programs have clients (for example, adolescents who are using alcohol or other drugs, or dysfunctional families) and other resources (such as funding and office space) that enter into the program. Leaving the program are clients who have (we hope) benefited from the program's services, and also program expenditures, such as personnel salaries.

The program itself is represented as the central box in Figure 1. Programs typically have a sequence of assessment, treatment, and then re-assessment. That is, when a client enters into the program, there is usually an assessment or screening process where it is decided what program services the client should receive. Then the client is served by the program, and a variety of program services are delivered. Finally, at some point, there is a re-assessment of the client's condition to determine whether more services are needed or if the client has been sufficiently helped.

To make this structure more concrete, suppose that you want to conduct a process evaluation for a program that delivers counseling to families of AOD-using adolescents. In the assessment phase, an examination is made of the family structure, its communication patterns, and so on. Then, several different services may be provided, such as working to improve parenting skills, or instituting behavioral contracting with the adolescent. Finally, a re-assessment of the family functioning is conducted, looking at such variables as family cohesion or whether appropriate behavioral limits are being set. It's important to note that at the re-assessment phase, immediate changes in the long-term outcome of interest, such as a reduction in AOD use, may not be observable. In fact, the final outcome may require some time before it can be measured.

So what does all of this have to do with planning a process evaluation? In Figure 2, several measures have been proposed that could be used in a process evaluation to describe the activities characteristic of each specific stage of the program's operation. For example, under the assessment category, two potential measures are the student's level of AOD use or the amount of coercion in the family's communication. These variables are ones that describe the incoming state of the program's clients. Measures of the number of parenting skills taught, or the specifics of the behavioral contracts, might be useful for describing the program's services. In general, it is important that all phases of the program's operations should be adequately measured.

In effect, Figure 2 is a blueprint for conducting the process evaluation. When you have created a diagram such as Figure 2, you have completed much of the planning for the process evaluation. Once you have developed the program's model, what remains for planning the process evaluation is to decide what measures best describe the activities characterizing various stages of the program's operation and how this information can best be gathered. While accurately gathering evaluation information is sometimes difficult (and you might consider getting some specialized help in that area from the Western Center evaluation staff), you are now well on your way to developing a sound and convincing process evaluation.

For more information on process evaluation, contact Jack Pollard, 16004 N.E. Sixth Street, Bellevue, WA 98008, (206) 562-7095.

FIGURE 1

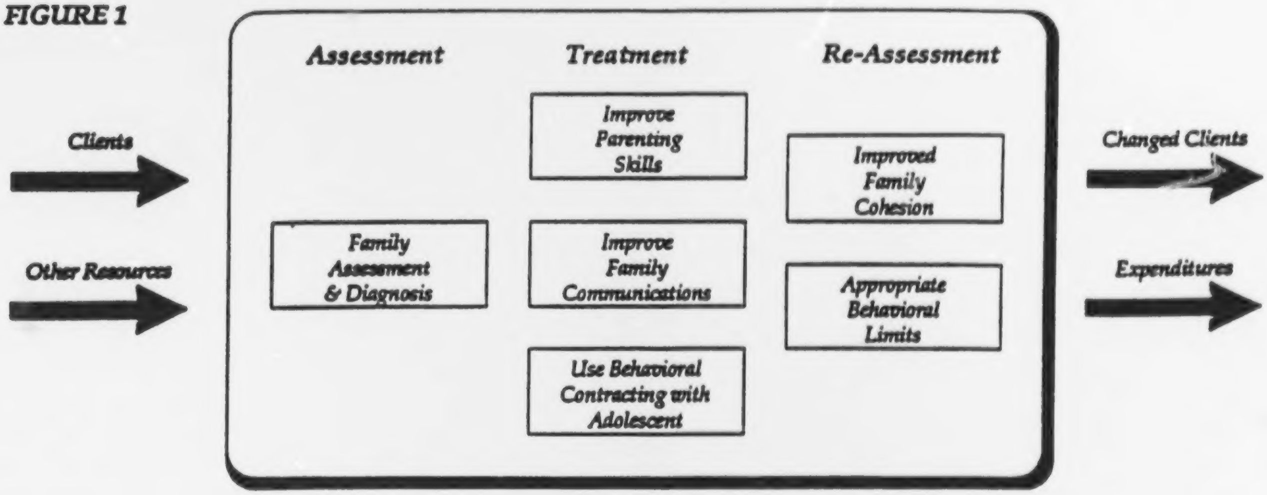
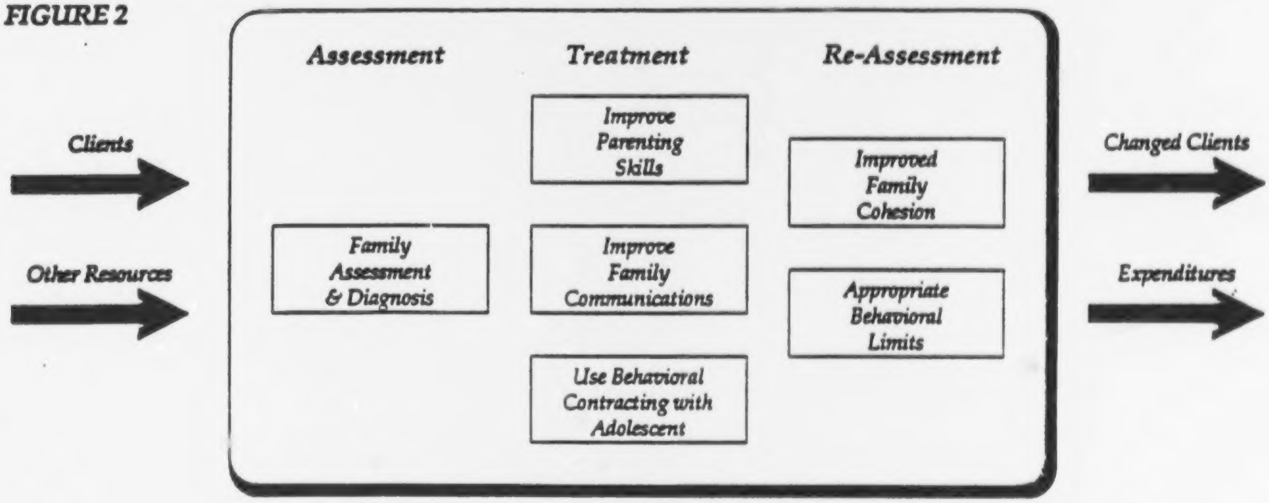

Assessment
Treatment
Re-Assessment
Clients
Other Resources
Family Assessment & Diagnosis
Improve Parenting Skills
Improve Family Communications
Use Behavioral Contracting with Adolescent
Improved Family Cohesion
Appropriate Behavioral Limits
Changed Clients
Expenditures

FIGURE 2


Assessment
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Improve Family Communications
Use Behavioral Contracting with Adolescent
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Appropriate Behavioral Limits
Changed Clients
Expenditures

Measures of Program Entry:

No. of Families

No. of Referrals

Amount of Program Funding per Client

Measures of Program Assessment:

Level of Student's AOD Use

Amount of Coercion in Family Communication

Measures of Program "Treatment":

Number of Parenting Skills Taught

Specificity of Behavioral Contracts

Measures of Intermediate Outcomes:

The Enforcement of Appropriate Limits

Amount of Coercion in Family Communication

Measures of Program Exit:

Level of Student's AOD Use

Sibling's AOD Use

Treatment Cost per Family

From *Western Center News*, Volume 4, No. 3, June 1991

Evaluating Program Implementation

By ROY GABRIEL
Northwest Regional Educational Laboratory

It is clear that alcohol and drug abuse has caught the nation's attention. Policy makers, legislators and parents are demanding action and results from school and community prevention efforts. While some of our schools have been fighting this problem through organized programs and activities for years, many have not. It's only through the recent Drug-Free Schools funding that many schools have been able to initiate efforts at helping reduce this problem.

What does all this have to do with evaluation? One of the great evaluation minds of all time once said, "Don't try to evaluate something if it doesn't exist." Another said, "Be sure you know what it is you are evaluating." Both of these sages advise us to look carefully at the implementation of a program as well as its outcomes.

There are usually three major reasons to do a process evaluation of the implementation of a program. One is to be sure that the program and all of its important components are being implemented according to plan. A second is to collect process information along the way to detect components needing improvement. Finally, it helps identify particularly successful elements of a program which can be shared with others.

Comprehensive programs in the fight against drug and alcohol abuse involve very complex sets of activities. The model we use in our work with school teams is shown in Figure 1. From Needs Assessment through Dissemination, these activities are connected and integral parts of the overall program. The smooth implementation of each is important if positive student outcomes (i.e., a reduction in student use, or a delay in the onset of use) are to be realized.

A helpful way to track the implementation of all program components is to have school teams periodically rate the progress of each program component on a scale such as:

1. Nothing is happening yet in this area;
2. We are just beginning to plan this component of our program (Initiation);
3. Activities are starting to get underway, but are in the early stages (Early Implementation);
4. All planned activities are in operation (Complete Implementation);
5. Activities have been in place for some time with continuing support for the long term (Institutionalization).

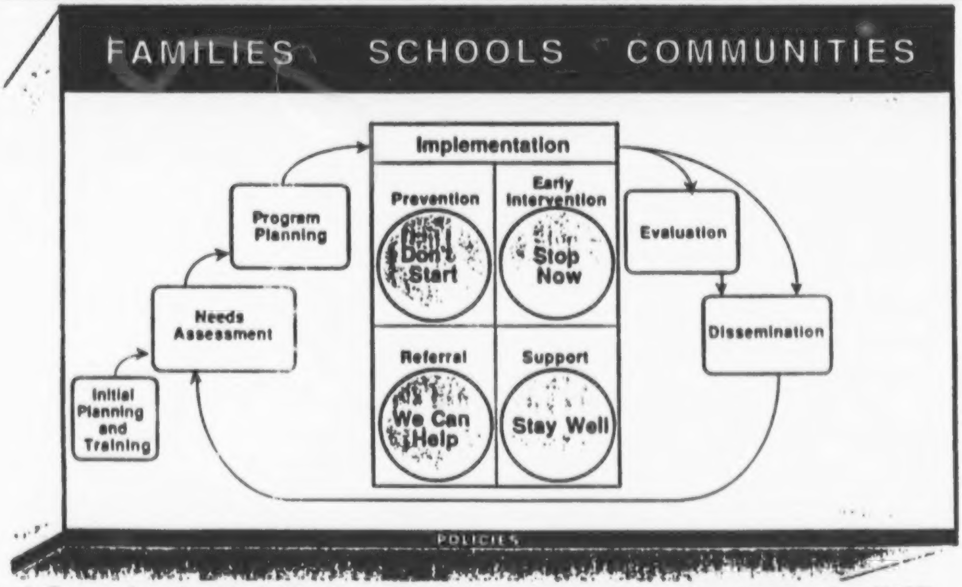

Figure 1. A Comprehensive Model for Drug-Free Schools (adapted from Fox and Forbing (1987) *Fighting Substance Abuse in Our Schools*)

One state's results are shown in Figure 2.

How is this information helpful? In Prevention, the largest percentage of schools in this state (nearly 40 percent) have moved beyond planning and are into at least early implementation of their activities. For Intervention, the largest percentage of these schools (nearly 40 percent) indicate that nothing is going on in this state.

Does this discrepancy reflect the plans of local programs? Based on these ratings, should more resources and attention be given to Intervention activities? Or should more encouragement and support be provided to increase the implementation of Prevention activities to 100 percent?

Figure 2 includes only two components. A more complete picture would be gained by looking at the level of implementation of all key activities in the program: Needs Assessment, Policy Development, Parent Involvement, Evaluation, Dissemination, etc. Are they all moving along according to plan? Is the picture different for elementary, junior high and high schools? Is it changing over time? Asking staff involved in the program to do these ratings every few months not only can answer these questions, but can increase their awareness of all that is going on in the program.

Information such as this also helps in the understanding of outcome data. If anticipated improvements in students' behavior (e.g., attendance, disciplinary referrals) or reduction in their alcohol and drug use do not occur, perhaps some activities that were planned didn't occur; or if they did, they didn't occur the way they were intended.

Remember the sage words of the second famous evaluator quoted above: "Know what it is you are evaluating." Systematically describing the implementation of all program components can help.

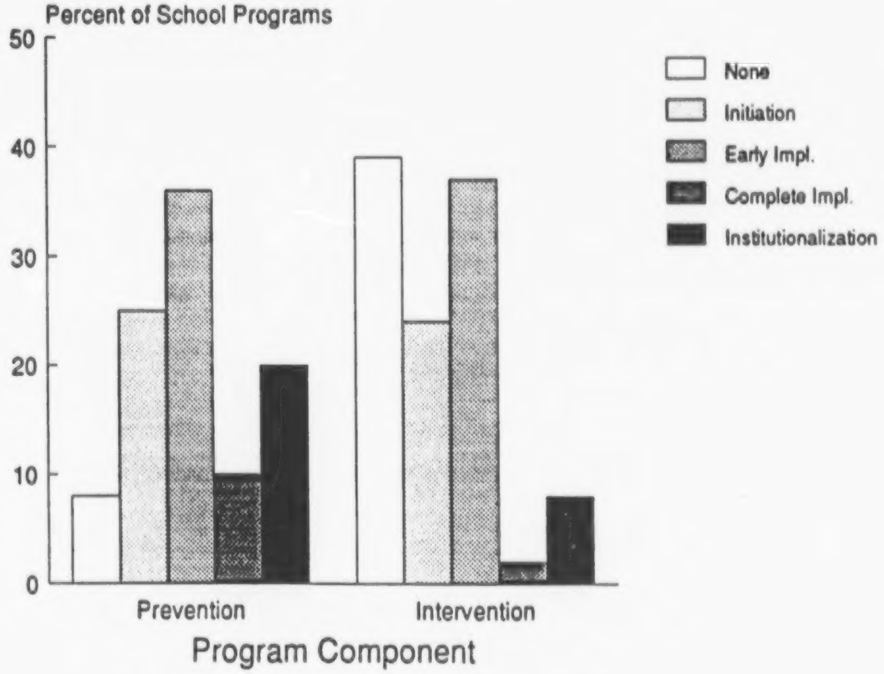

Figure 2. Level of School Implementation

From *Western Center News,* Volume II, Issue 2, March 1989

Sample Process Indicators in Evaluating School Programs

Once the purpose of and important audiences for the evaluation are determined, the school team must think about the information needed to fuel program improvement efforts and demonstrate impact. Once these information needs are identified, various methods for obtaining the data can be considered. Here are some examples of general indicators typically found useful in the evaluation of school programs in alcohol and other drug education.

- School enrollment
- Number of student participants in the program
- Background characteristics of students
- Activities in the program
- Number of activities per week
- Hours per week of planned activities
- Students' participation in other school programs
- Number of school staff involved in the program
- Community members participating in the program
- Resources allocated to the program
- Distribution of resources throughout the program

Ask Dr. Evaluation

California SAP Study Yields Surprising Findings

By JACK POLLARD
Southwest Regional Laboratory

Preliminary findings are now being reported from an evaluation of student assistance programs (SAPs) currently being conducted in California. Many of the evaluation findings have surprised both the directors of the SAP projects and the researchers conducting the evaluation.

The evaluation is funded by the California Department of Alcohol and Drug Programs (DADP). It examines the functioning of five model demonstration projects located in eight school districts scattered throughout California. The SAPs were funded by DADP in 1989. The evaluation effort is managed by the Southwest Regional Laboratory (SWRL).

One of the most important preliminary findings is that about 50 percent of all the students entering the SAPs are self-referrals. That is, the students have decided on their own initiative to utilize the services of the SAPs at their schools. This high proportion of self-referrals seems to indicate that the students have strong positive attitudes toward the SAPs.

Another important finding was that 35 percent of all of the students referred to the SAPs reported the existence of a serious personal problem. These problems often focused on an immediate personal crisis, such as parental alcohol/drug use, an impending family divorce or breakup, sexual abuse, physical abuse, severe depression, delinquency, personal trauma (e.g., rape), or gang activity.

Even more interesting was the fact that the more severe the student's presenting problem, the more likely the student was to have referred himself or herself into the SAP. In other words, when students found themselves facing a serious personal crisis, they were quick to take advantage of the SAP services. Again, this pattern of results indicates that the students are placing a great deal of trust in the functioning of the SAPs.

The SAP programs appeared to be doing a good job in effectively and quickly serving their students. Most students received SAP services within two days of their initial referral, and the students received an average of nearly seven "service events." A "service event" can include individual or group counseling services, intervention with the family, or referral to outside social service providers. When the student reported a serious problem, the time for the initial SAP service was less than one day, and the average amount of services nearly doubled.

Some differences were found in how the SAPs functioned at the middle and high school levels. For example, while at the high school level there was a greater proportion of girls participating in the SAPs, at the middle school level the numbers of boys and girls participating were about equal.

Also, the typical presenting problem and the typical referral source were somewhat different at the two school levels. At the high school level, the students primarily referred themselves into the SAP. At the middle school level, other referral sources, such as teachers and classified personnel, were just as important. Also, middle school students were more likely to be assessed as having behavioral and family problems, while the high school students were much more likely to be assessed as having problems in their social/personal relationships or problems with alcohol or other drug use.

The SAP evaluation is continuing through July. This year the evaluation focuses on measuring the impact of the SAPs' operations on the students' personal, school, and social functioning. Changes in functioning of the students participating in the SAPs will be compared to other students at school sites where SAP services are not available. Findings from this phase of the evaluation should be available in August.

The report documenting these findings is *Student Assistance Program Demonstration Project: Process Evaluation*. If you are interested in receiving a copy of the report, contact Jack Pollard, Southwest Regional Laboratory, 4665 Lampson Ave., Los Alamitos, California 90720, (310) 598-7661.

> *'Half of all students entering the SAPs are self-referrals.'*
>
> —Jack Pollard

'Ask Dr. Evaluation'

Scope, Purpose, Design Affect Evaluation Expense

By FLORA YEN
Northwest Regional Educational Laboratory

Q. Our district has put a lot of effort and money into a student assistance program for almost three years now. Last spring the school board asked us to prepare a report showing what difference the program has made for our students. Can you give us an estimate of what it would cost to evaluate our SAP and what items these costs might cover?

A. The cost depends a great deal on the scope and size of the program, the purpose for doing the evaluation, the complexity of the evaluation design, and your access to evaluation expertise. Because these things vary so much from one district to another, it would be hard for me to give you a figure without knowing more about your program. I have, however, used two approaches in estimating evaluation expenses. The first approach is to get a ballpark figure based upon a percentage of the total program budget and from there find out what range of evaluation activities this amount would support. Clearly, the amount of money available will determine the flexibility and sophistication of the evaluation design. The second approach is to identify the purpose of the evaluation and the tasks that will be needed to achieve that purpose; estimate staff and consultants' time and other expenses to do these tasks; and then add up the individual items. These approaches need not be mutually exclusive but can be combined to arrive at a reasonable cost estimate.

A Ballpark Figure

There is no fixed percentage that all evaluators use to determine costs. The percentage in many cases depends on the size of the total budget of the program. A program with a budget of $500,000, for example, will most likely require more sophistication in evaluation strategies than, say, a program with a budget of $5,000. Consequently, the percentage will vary.

In the *Evaluation Management Handbook*, M. Raupp and F.A. Kolb of NETWORK, Inc., advocate that the budget for evaluation activities be somewhere between 6 percent and 10 percent of the total program budget. For example, if the funding level of your program is $50,000, estimate about $3,000 to $5,000 for evaluation. From my experience in evaluating educational programs, this 6 percent to 10 percent range is realistic and much needed. Quite frequently, program management underestimates the amount of time and effort needed to undertake and complete evaluation tasks.

For a pilot or demonstration program, however, the evaluation costs can be higher. Since the procedures, strategies, and materials being used are new or the target group involved is new, the burden of proof is upon the program to show whether such innovations actually work and whether they should be supported in the future. In their March 1990 announcement for applications under the Community Partnership Demonstration Grant program, the Office for Substance Abuse Prevention (OSAP) suggested that applicants target 10 percent to 15 percent of their proposed program budget for evaluation activities, although explanations are needed to justify the amount requested.

Since the SAP concept has been around for a couple of years now, with some reports showing that it has been useful in a number of school districts around the country (though much still needs to be done to document SAP outcomes and assess its long-term impact), I would go with the 6 percent to 10 percent range of your program budget as a rough estimate for covering the expense of evaluation.

At this point, let me describe the sequence of activities that usually occurs when evaluating an educational or social program. These are:

1. Deciding on the questions that program staff and management (as well as other stakeholders) want to have answered about the program (in your case, what difference the SAP made for students in your school)

2. Working out an evaluation plan (including design, instruments, timelines, and assignment of tasks) that would be appropriate and reasonable for the questions being asked

3. Collecting information to address the questions posed

4. Tabulating and analyzing the information collected

5. Reporting the findings

To illustrate this approach further, let me give you an idea of what I think you might get for $5,000 if you were to hire an outside evaluator. The evaluator will need to clarify Task 1 with you, your staff, and the board, and spend the greatest portion of her or his time doing Tasks, 2, 4, and 5. It is usually recommended that an evaluator make at least one onsite visit to the program being evaluated. Seeing a program in action gives an evaluator a better understanding and context within which to plan evaluation activities and to analyze and interpret the information collected. For a $5,000 contract, it is most likely that you and your staff will do the major portion of Task 3, although this will depend on the outside evaluator.

In any event, the $5,000 is a ballpark figure to use in estimating costs. With this figure, you can contact several professional evaluators and ask them to give you a cost breakdown of what they can provide. If you are fortunate enough to have access to free technical expertise or have in-house evaluators, certainly check with these sources first and get a cost estimate from them.

The Evaluation Budget

A budget for program evaluation usually includes these items:

- Salaries of personnel (staff and consultants)
- Travel expenses
- Supplies
- Duplication
- Telephone
- Postage
- Computer services
- Facilities cost (if applicable)
- Indirect costs (if applicable)

Using this second approach in estimating evaluation costs, you would need to know staff salaries and how much staff time will be needed. In addition, you will need to find out ahead of time what the approximate daily rate for an outside evaluator or consultant is, should one be needed. The rate may vary depending on the organization the evaluator works for, the individual's educational background and experiences, and the region where she or he is based. A daily rate of $150 to $250 in the West is not uncommon. Again, it would be a good idea to contact several potential evaluators and get an average daily rate to include in your budget. Expenses for interviewers or coders and other support staff for the evaluator also should be figured in.

Travel expenses can include mileage reimbursements, plane fare if applicable, lodging, and per diem. The more time required of an evaluator onsite, the higher the travel expenses. Personnel and travel costs tend to represent the major portions of an evaluation budget. The other costs are generally minor in comparison.

I would suggest that you check with your district and with your state educational offices, as well as nearby institutions of higher education, to determine what kinds of technical assistance in evaluation you have access to and any costs that might be involved. Also, all school districts in the Western states can request some technical assistance in program evaluation at no cost to them from the Western Regional Center. School districts in the Pacific Northwest, Alaska, Hawaii, and the Pacific should call the Portland office, (800) 547-6339, ext. 497. School districts in Northern California and Northern Nevada should call the San Francisco office at (415) 565-3000, and the districts in Southern California and Southern Nevada should call the Los Alamitos office at (213) 598-7661. Although Center staff cannot evaluate your program for you, they can offer suggestions and resources and answer some questions over the telephone. Depending on your location and their schedules, they may be available in some cases for onsite consultations.

From *Western Center News*, Volume 4, No. 4, September 1991

Section 5

Outcome Evaluation

SECTION 5: OUTCOME EVALUATION

Questions about outcome (sometimes referred to as summative evaluation) are likely to be the primary reason for initiating evaluation activity. "What is your success rate?" is a question often posed to program officials. As the preceding discussions demonstrate, there are other important dimensions of evaluation activity as well, but outcome is likely to remain the chief interest of policy decision makers and the general public.

The following is a list of possible "outcome" indicators in a school-based AOD prevention program:

Knowledge about the varieties and effects of alcohol and other drugs;
Attitudes toward alcohol and other drug use;
Students' use of alcohol and other drugs;
Feedback from students, teachers, and parents on program effects;
Students' attitudes toward school and learning;
Student achievement;
Student attendance;
Disciplinary referrals related to alcohol or other drug use.

Methods for collecting this information are similar to those discussed in earlier sections. Student use surveys, for example, may be used for both needs assessments and outcome evaluation. Included in this section are further discussions of student use surveys used to measure program outcome, an example of a report describing outcomes of prevention efforts in the state of Washington, the need to document the effects of Student Assistance Programs, and a case study approach to documenting outcomes.

'Ask Dr. Evaluation'

Student Surveys Can Help Gauge Program Success

EDITOR'S NOTE: This issue, we begin a new feature, "Ask Dr. Evaluation." In this regular column, members of the Western Center's Evaluation Task Force will respond to evaluation questions most often asked of Western Center staff in the field. The column begins with a response from Roy Gabriel, associate director for evaluation, to a question he and his co-workers hear frequently from front-line educators and A&D professionals. If you have other evaluation questions you would like addressed, please send them to Roy Gabriel, Western Center for Drug-Free Schools and Communities, 101 S.W. Main Street, Suite 500, Portland, Oregon 97204.

Question: We've invested heavily in a prevention curriculum in our district. The publisher came out and trained all of our teachers two years ago and we were very enthusiastic. How do we know it's working and that all of this effort we are putting into prevention is worthwhile?

Answer: A question like "How do we know it's working?" begs another, more fundamental one: "What is it supposed to accomplish?" Reputable prevention curricula are usually built around specific goals and objectives, such as:

- Increase awareness of the harmfulness of alcohol and drug use
- Identify healthy alternatives for having fun
- Develop greater awareness of the importance of careful decision making

Hopefully, you were aware of and endorsed the objectives when you purchased your curriculum. In fact, you might get from the publishers any research or evaluation evidence they have that their curriculum "works." When such evidence exists, it is a good idea to include, but not be limited to, similar methods and instruments used in those evaluation studies. Even if their findings from earlier field tests or pilot sites are encouraging, however, it is still best to conduct your own evaluation to see if the curriculum works with *your* students in *your* school and community.

Checking the ways in which your teachers actually use the materials is also recommended. No matter how good the track record of the curriculum may be, or how appealing the materials look, if the teachers do not implement the curriculum as designed, it can't be expected to achieve the desired effects. Ask your teachers questions like:

- How well does the prevention curriculum fit in with other subject area curricula?
- How many hours per week do you use the materials?
- Which grade levels are involved?

Chances are good that the curriculum includes brief quizzes or tests to determine whether the students have mastered the content and attained the objectives. By administering these tests before and after the curriculum has been implemented, you can demonstrate whether the objectives have been met. In a sense, this provides some evidence that the curriculum "is working."

But this is only a small part of whether or not your overall prevention effort is working. The school board, the local media, parents, community members, and others will want to know if alcohol and drug use is declining. A carefully designed survey of student AOD use is the most common mechanism for that determination (for more details on surveys of student AOD use, see the Western Center publication, *Surveys of Student Alcohol and Other Drug Use: A Consumer's Guide*, available free from the Resource Center). Repeating the survey each year can provide a wealth of information on the trends in use of alcohol and other drugs in the school and community.

But even if the results of such a survey are encouraging, how do you know whether it was the prevention curriculum that caused the change?

Well, chances are you won't. Prevention is a massive effort. Yes, the classroom curriculum is part of the effort, but so are other activities sponsored by students, parents, community coalitions, and so on.

In short, without rigorous experimental design conditions—so rarely feasible in the real world of public and private schools—we cannot pinpoint a single cause of a well-documented effect. The good news of AOD use declining is more likely an accumulation of effects of a well-articulated, comprehensive prevention strategy.

The question posed here was initially one dealing with the effectiveness of the curriculum. Specific quizzes or unit tests, tied directly to those objectives, are the best measures of that effectiveness. If your overall prevention objectives are more global, don't look to the curriculum to do more than it is designed to do.

From *Western Center News*, Volume 4, No. 2, March 1991

Washington State Makes Progress in Prevention

By ROY GABRIEL
Northwest Regional Educational Laboratory

A recent survey of nearly 18,000 students across the state of Washington shows positive progress in that state's efforts to reduce the incidence and prevalence of alcohol and other drug (AOD) use among its school-aged youth. The survey also indicates that much work still needs to be done to attain the goals of drug-free schools and communities throughout the state. State Superintendent of Public Instruction Judith Billings calls for school and community personnel to "continue their collaborative efforts to fight the war on drugs—a battle that is far from won."

The survey points to "good news and bad news" about students' attitudes and use patterns, according to Billings. The "good news" is that use rates are generally down, related "risk factors" appear to be improving, and the influence of school programs is increasing. The "bad news" includes some increases in heavy use rates, particularly at the eighth-grade level.

Among the study's key findings is that, compared to 1988 statistics, fewer Washington students report having ever tried alcohol or drugs. The decline is most dramatic in grade six. When compared with their grade-level peers in 1988, significantly fewer students have yet to experiment with alcohol or other drugs. As shown in Figure 1 below, only 33 percent of sixth-grade students in 1990 had ever tried alcohol, compared to more than 51 percent of sixth-graders in 1988. As Billings notes: "This delayed onset will pay huge dividends for Washington if current prevention efforts are sustained."

Moderate to high levels of AOD use have also declined since 1988, but not as significantly as initial experimentation, as cited above. In fact, at eighth grade, there is evidence of higher use rates, particularly of alcohol.

Despite the delay in onset of use, alcohol abuse continues to be a problem among Washington's students. Although slight declines in heavy use occurred at grades six and 10, a higher proportion of eighth-graders drank heavily in 1990 than in 1988.

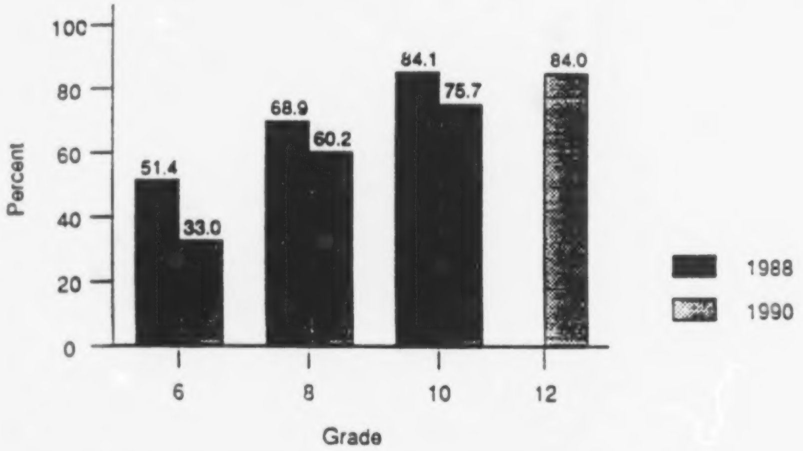

Figure 1. Percent of Washington students having ever tried alcohol in 1988 and 1990 by grade.

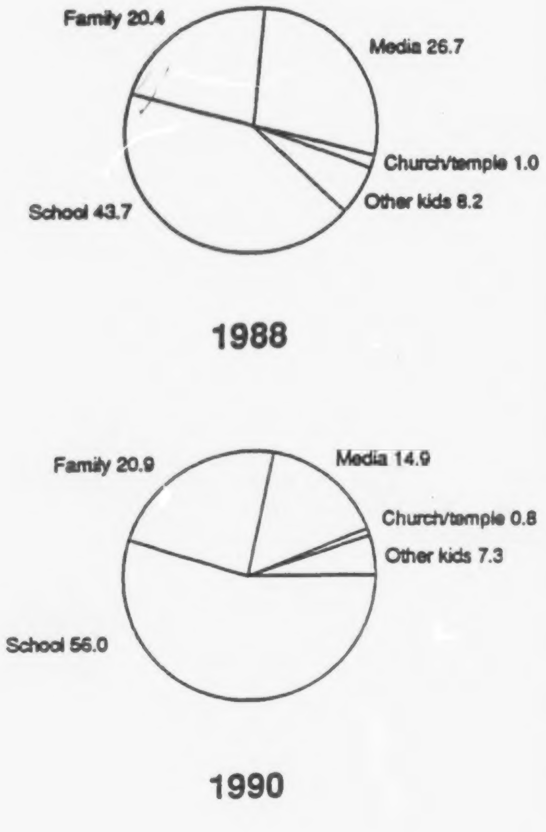

Figure 2. Percent of 10th-grade students learning the most about the dangers of alcohol or drugs from various sources.

In 1988, 5.5 percent of Washington's eighth-grade students reported heavy use of alcohol, consuming either moderate amounts daily or excessive quantities at least monthly ("binge drinking"). In 1990, this percentage is nearly 7 percent. Across grades six through 12, the survey projects that approximately 45,000 students are heavy drinkers. The particularly high rate in grade eight has prompted state administrators to call for greater emphasis on prevention and intervention strategies in the state's middle schools.

In addition to student use rates, the survey also probed related behaviors known to be associated with alcohol and other drug use. In particular, many of the "risk factors" synthesized by David Hawkins and others are represented in the survey. Some of the major findings were:

- Students' opportunities to use alcohol and other drugs (friends who use, availability at parties, etc.) are at or above those in 1988.
- Students perceive their parents to be slightly more disapproving of alcohol or other drug use than in 1988.
- Student see great risk in drug use, but far less in heavy drinking. This perception of risk increases with grade level, i.e., high school seniors see the greatest risk in AOD use.
- In general, students who are active in extracurricular activities are slightly less likely to use alcohol or other drugs. For some types of activities, such as sports, however, this pattern is not so clear.
- Students who aspire to go to college use alcohol and other drugs far less than those who do not.

The survey also yielded important feedback for the influence of school prevention programs on student use of alcohol and other drugs. As in 1988, and in even higher proportions in 1990, Washington students find school the most important source of information about alcohol and other drugs. The increase in school influence appears to be at the expense of the popular media, which declined from that of 1988 at all grades.

At all grades, half or more of the students indicated that school was their major source of information on alcohol and other drugs. "Family" was cited next, by 20 percent to 30 percent of the students at each grade. The influence of the media was third, reported by 10 percent to 20 percent of the students at each grade. While media influence increased with grade level, it was significantly less than that reported in 1988. Figure 2 displays the results for Washington's 10th-grade students in 1988 and 1990.

Students who reported they learned a lot from their drug education program were much less likely to report moderate to high alcohol or drug use. Suggestive evidence of the effectiveness of school programs across the state was obtained through correlational analysis of the survey information.

As shown in Figure 3, there is a consistent trend showing that students who learned a lot from their drug education classes report lower AOD use rates. As in all correlational studies, however, this does not prove that greater information gained through school programs is directly responsible for lower AOD use rates. In fact, the causal link could go the other way—students who tend to use alcohol or other drugs less may be more likely to learn more in drug education classes. In either event, however, the link between AOD use rates and information gained through school programs is strong and in the logical direction.

The survey was conducted by the Northwest Regional Educational Laboratory in both 1988 and 1990. The current report is based on a scientific sample of 176 schools, stratified by geographic region and size/rurality within each grade level. For further information or a copy of the full report, contact Debbie Koss-Warner, Drug-Free Schools and Communities Program Supervisor, Washington Office of the Superintendent of Public Instruction.

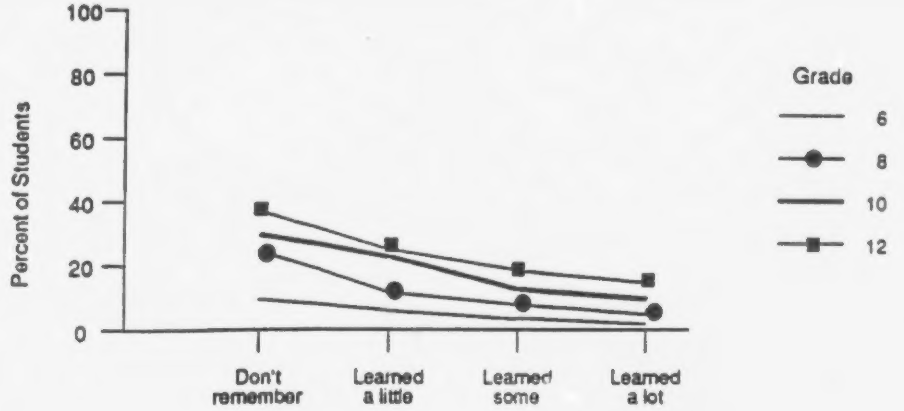

Figure 3. Percent of students at each grade reporting moderate to high alcohol use by the amount learned from drug education classes.

From *Western Center News*, Volume 4, No. 4, September 1991

How Effective Is Your Student Assistance Program?

By DENNIS DECK
Northwest Regional Educational Laboratory

During the 1980s, Student Assistance Programs (SAP) have become a popular umbrella for intervention and prevention activities among junior and senior high schools. There are now two national organizations and an educational journal devoted to such programs.[1]

Despite this popularity, there are some signs that local, state, and national policy makers are not ready to embrace SAPs without some evidence of effectiveness. A literature search turned up virtually no relevant studies, yet SAP coordinators feel that their programs are effective. One of the few reports from an SAP to include any impact data comes from Westchester County, NY[2]. Figure 1 compares self-reported drug use before and after students participated in a school support group. The results are striking, the percent of participants using alcohol in the last 30 days dropped nearly in half and the percent using marijuana dropped even more.

Unfortunately, the report does not describe how the study was conducted so we do not know how carefully the evaluation was implemented or how one might replicate it. However, if they are available for your program, this kind of behavioral change data is very convincing to a school board.

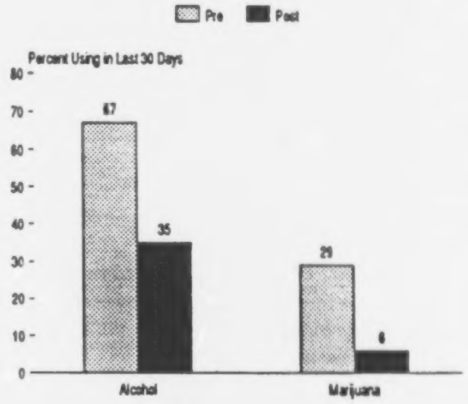

Figure 1. Decline in 30 day use of alcohol and marijuana among support group participants (Westchester County, 1984).

An Evaluation Framework

The first step in preparing for an evaluation is to be clear about the objectives of the program. Table 1 lists examples of the typical prevention and intervention objectives expressed by SAP coordinators. These examples emphasize students, but also include school staff, parents, and others.

It is helpful to distinguish between *process* objectives involved in the implementation of the program and *outcome* objectives specifying the expected impact on student behavior, attitudes, or knowledge resulting from program activities. Most evaluations use both of these types of data.

Process Evaluation

A good process evaluation identifies the degree of implementation of program components and the level of service provided. Most important during the early stages of the program, a modest investment in process evaluation can yield great benefits in improving your program.

Impact Evaluation

An impact evaluation measures changes between a pretest and posttest. To attribute these changes to the program, it is important to show that similar changes were not observed for a comparison group that did not receive services. The relevant outcome measure for a component of the program might be an alcohol and drug use survey (behavior), a self-esteem survey (attitudes), or a test on the effects of drugs (knowledge/skills). The program should be fully implemented and working smoothly before an impact evaluation can be expected to show positive results.

Practical Guidelines

There is increasing pressure at the national level to require more evaluation of programs funded through the Drug-Free Schools and Communities Act, but so far no guidelines for such evaluations have filtered down to the state and local level. In lieu of federal guidelines, here are some general suggestions to guide evaluation planning.

Prevention	Intervention
– Process –	
Present strong drug-free message for all school activities	Train teachers in identification and referral process
Develop a strong school policy	Establish support groups in all Jr./Sr. High schools
Select a good prevention curriculum for all grade levels	Provide appropriate referrals for all students suspected of drug or alcohol involvement
Train teachers in use of curriculum	
– Behavioral Outcomes –	
Prevent use of illicit drugs	Reduce use of alcohol and other drugs
Delay onset of use of alcohol and other drugs	Increase the number of students obtaining assessments and treatment
Increase student attendance at alternative activities	Reduce school vandalism and other behavior incidents
Reduce drug-related suspensions and expulsions	Reduce juvenile DWI and other drug-related arrests
– Attitudinal Outcomes –	
Improve student feelings of self-worth and ability to control own destiny	Improve self-worth of participants
Improve student attitudes toward school and school work	Improve school attitudes of participants
– Knowledge/Skills Outcomes –	
Increase student knowledge about the effects and dangers of alcohol and other drugs	Improve GPA of students served by the program
Improve student decision-making skills	Reduce unexcused absences by students served by the program
Improve student refusal skills	Reduce the school dropout rate
Increase parent and staff awareness of the local problem	Increase parent and staff awareness of possible interventions

Make a long term commitment to evaluation. Establish a long term planning process that considers needs assessment and evaluation results in program decisions. Invest a portion of your budget (some funding agencies require 5-10%) and other resources on evaluation.

Develop as strong an evaluation plan as resources allow. Prepare a statement of program goals, objectives, and standards to serve as the basis for the evaluation plan. Develop the plan as early in program development as possible. Seek professional evaluation assistance from the district evaluation department, university evaluation departments, or regional training centers.

Implement a process evaluation to help improve the program and document the level of service. Maintain a recordkeeping system that tracks the progress of students through the program and that yields summary information about what services have been provided. It is important that the system identify students who have fully participated in components of the program, not just the total referrals. For example, if 100 students attended a support group, that shows more effective implementation than if 100 were only referred to the program and attendance at the group was unknown.

Administer a staff survey, focus groups, or on-site observations to determine how well the program has been implemented and whether school team activities are consistent with the program goals.

Implement an impact evaluation. Administer short-term outcome measures for key program components (e.g., student follow-up survey for support group participants). Focus on a different component each year. These evaluation studies should start after the component has been fully implemented and should include pretest and posttest measures for both the treated group and a suitable comparison group. Monitor behavioral indicators to determine long-term effects and start data collection before the program has taken effect.

Administer a student-use survey on a two- or three-year cycle. Administration and sampling procedures should be standardized. Keep annual records of the total drug-related school suspensions and juvenile arrests. Also record the current enforcement environment, since both suspensions and arrests are sensitive to changes in policies, funding, and enforcement crack-downs.

Summarize and disseminate the results to appropriate groups. Those responsible for making funding and support decisions (e.g., school boards, district administration, business or community committees, and funding agents) will be especially interested in your results. Those involved with the program (e.g., school staff, service providers, students, and parents) should receive feedback on how well the program is being implemented.

Other educators considering initiating SAPs are interested in effective programs and may be reached through regional and national journals and conferences.

The Time is Now. Your SAP may currently enjoy widespread support, but that support will not continue indefinitely without evidence that the program is providing a high level of services and can demonstrate outcomes. Now is the time to develop an evaluation plan for the next three years. When the questions about effectiveness and program continuation begin to surface, you will be prepared.

[1] National Association of Leadership for
Student Assistance Programs (NALSAP)
P.O. Box 21838
Milwaukee, WI 53221

National Organization of Student
Assistance Programs and Professionals
(NOSAPP)
250 Arapahoe, Suite 301
Boulder, CO 80302
(800) 972-4636

Student Assistance Journal
Performance Resource Press
2145 Crooks Road, Suite 103
Troy, MI 48084
(313) 643-9580

[2] An implementation manual for this model is available in: *Preventing Alcohol Problems Through a Student Assistance Program: A Manual for Implementation Based on the West Chester County, New York, Model*, National Institute on Alcohol Abuse and Alcoholism, 1984 (DHHS Publication No. ADM 84-1344).

From *Western Center News*, Volume 2, Issue 2, March 1989

Case Study Outline
Student Assistance Program

Purpose: The purpose of a case study is to provide to the reader an understanding of the operations and outcomes of a student assistance program in a particular school or district. The outline could be modified for any other program developed to meet a specific goal. The emphasis is on description rather than comparison. Comparisons with unserved youngsters is assumed to present many problems--e.g., finding a school without a program. A clear description of the school situation, why the program was introduced, the program and its history to date, and program participants is useful to others as they begin their programs. We can learn outcomes of those who enter the program from the case study. In a case study report, we do not know what the outcome would have been had there been no program.

Background: The information in the background provides the reader with an understanding of the context of the school and community. It is assumed that within similar contexts, the program efforts may be generalizable. Information that could be included:

> Enrollment of the school; percent minority; income and occupational level of families; urbanicity; school administration tenure; teacher characteristics; school climate.

Development of the Program: This places the program in the context of the school. Description of the need for the program, program goals and objectives; persons involved and so forth will help the reader understand those conditions that led to the development of the program. Descriptions should include:

> The forces that prompted the program (e.g., data, student initiative, parent initiative, accident, teachers went to training); the program model; changes to the model to fit school needs; persons involved and their roles; time and financial support required; training provided and who; involvement of the community.

Description of the Student Population Served by the Program: Here the case study begins to merge the descriptive data with descriptions of the program. These descriptions will allow the reader to draw inferences made on data versus narrative. Generally the best descriptions are those that follow the students through the various options available in the program. Examples of data descriptions that are helpful are presented below. You will adjust your presentations to match your own program design.

Informal Program Assessment: In addition to the information presented on student progress in the program, you will want to present in your case study any information available from faculty, students, staff, or parents about the program. This information is best obtained in a brief survey but may also be obtained through informal interviews with representatives of these groups.

Student Case Studies: A report of one or two students adds highlights and personality to the report. Any individual description should be disguised sufficiently so that other students or faculty may not easily identify the student. The following is an example:

Christa A.

Christa is a 15-year-old female in the sophomore class in our high school. She came to the attention of the Student Assistance Team (SAT) through a teacher referral. Christa's fifth period teacher noted on the behavior checklist a concern that Christa was continually coming late to fifth period class. She also noted a decrease in her performances on weekly quizzes.

Christa's teacher also noted that she had talked to her about the problem, getting little explanation for the behavior. The teacher was able to get Christa to sign an agreement to attend every class on time for the next two weeks and work with the teacher to bring her work up to "B"--her usual grade.

When Christa continued to be late and absent two days of the next two weeks without excuse, her teacher sent the referral to the SAT.

The SAT team decided to send out behavioral checklists to Christa's other teachers. They also reviewed the official attendance and grade report for Christa over the last two years.

The following was noted:

Christa was a transfer student from a small high school of 300 students, located in a rural town. Previous grades were all A's and B's with a GPA of 3.35. Christa's record indicated she had been active in Junior Rally and the track team. Notes from the transfer interview indicated that her mother had moved due to her divorce. There are two other children, girls ages 6 and 11 in the home.

The SAT team reviewed the behavior checklists. Christa's first and seventh period teachers noted attendance and tardy problems. They also noted a decrease in the quality of school work. The SAT agreed to call the mother to express concerns and see if she had noticed that Christa seemed very moody and lacked patience with her sisters. Christa's mother attributed that to typical teenage behavior.

One of the SAT members, who had Christa in her class the previous term, was asked to visit with Christa and her counselor. Christa admitted she had tried pot a couple of times but denied that it was any problem. Christa agreed to a new behavior contract and agreed to attend an awareness class in an outside community agency.

Christa missed the next two days of school. When called at home, her mother indicated that Christa had come home intoxicated. Christa's mother was unaware that she had missed any school. Christa's mother agreed to meet with Christa and the SAT. The meeting involved the SAT members--the SAT leader (a teacher), Christa's counselor, the vice principal, another teacher, Christa and her mother. The SAT reviewed her attendance, behavior in class, her own admission of drug use, and her failure to follow her own contract. Christa and her mother agreed to sign the releases of information. Christa went immediately to an outside agency assessment program.

The assessment indicated that an outpatient treatment program was the preferred method of dealing with her early stage of abuse/dependency. Christa agreed to attend a support group within the school for three days a week. This support group emphasized staying away from alcohol and drugs and developing alternatives for having fun.

Christa attended the support group for one semester. A check of grades, attendance, and behavioral reports at six months and then one year later indicated satisfactory grades, no behavioral reports and five absences within the year.

John B.

John B. is a 16-year-old male in high school. He came to the attention of the SAT through contact with an outside treatment agency, with permission and cooperation from his parents. John was involved in an assessment by the treatment agency after an incident that involved law enforcement. John was picked up by the police with other non-district students after smashing windows of cars in a school parking lot. John was under the influence of substances at the time. The juvenile worker assigned to his case recommended a professional assessment to the parents. Upon completion of the assessment, it was recommended that John be admitted for treatment. At that point, the SAT team became involved.

The SAT team became involved with John's case immediately for three reasons. While John was in treatment, there would be time and structure for him to keep up with 1-2 classes, and the possibility of receiving credit for other work done in treatment. In order for John to keep up and receive academic credit, there needed to be coordination between the treatment center, John's parents, and the school. Secondly, the school might have information that would assist the treatment agency in breaking through John's denial, and/or information that would enhance John's self esteem. Thirdly, the SAT team began preparing for John's reentry back to school.

The SAT team sent out a questionnaire form to all John's teachers and his wrestling coach. The questionnaire looked for indicators of possible problems and changes in attitudes and behaviors. Additionally, the SAT team gathered attendance records and grade reports. Upon gathering this information, the SAT team met and invited John's coach and two teachers to the staffing. It became apparent that John's performance was declining and there were indicators of changes in attitude, especially a notice of increased defiance to authority and noncompliance. Additionally, the coach admitted that he knew of instances when John was drinking after wrestling matches, had found a bong among John's athletic things, and had suspected John of being under the influence at other times.

Section 6

Evaluation Resources

SECTION 6: EVALUATION RESOURCES

Resources on AOD program evaluation have grown in the past few years. This section provides references to additional readings and resources. It includes:

1. An annotated bibliography of a sampling of evaluation manuals and handbooks.
2. A list of journals where articles and reports on alcohol and other drug programs as well as on program evaluation may be found.
3. Western Regional Center publications on evaluation.
4. Information and resource centers available to educators in the western region.

ANNOTATED BIBLIOGRAPHY OF EVALUATION MANUALS AND HANDBOOKS

The references described below are not intended to be inclusive of the many fine works in the evaluation field. Rather they represent a sample of materials that are easily available, inexpensive or free, and targeted to the persons with little or no background in evaluation.

Clifford, M.A., & Davis, M. (1991). *Evaluation tools for student assistance programs*. Boulder, CO: National Organization of Student Assistance Programs and Professionals.

The *Evaluation Tools for Student Assistance Programs* manual discusses what needs to be considered before starting an evaluation; lists the steps involved in evaluating SAPs; and includes 21 evaluation tools. Sections discussing purpose, administration protocol and results interpretation are included for each instrument.

Hawkins, J.D., & Nederhood, B. (1987). *Handbook for evaluating drug and alcohol prevention programs*. Rockville, MD: U.S. Department of Health and Human Services.

This handbook offers a step-by-step approach for the non-expert to evaluate school or community-based prevention programs. Each step offers specific details and offers examples from school or community programs. The evaluation model suggests that there are evaluation questions that need to be asked about effort, effectiveness, and efficiency of the program. Once the evaluation questions are determined, evaluation design, identifying outcome measures, organizing and collecting the data, elementary data analysis, and reporting the findings follow. Each topic is represented in the chapters (steps).

Herman, J. L. (Ed.). (1987). *Program evaluation kit*. Newbury Park, CA: SAGE Publications.

This series includes nine handy paperback books as follows: *Evaluator's Handbook, How to Focus an Evaluation, How to Design a Program Evaluation, How to Use Qualitative Methods in Evaluation, How to Assess Program Implementation, How to Measure Attitudes, How to Measure Performance and Use Tests, How to Analyze Data* and *How to Communicate Evaluation Findings*. A step-by-step approach with illustrations is used in each of the handbooks.

IOX Assessment Associates. (1988). *Program evaluation handbook: alcohol abuse education; Program evaluation handbook: drug abuse education; Program evaluation handbook: smoking abuse education*. Los Angeles, CA: IOX Assessment Associates.

These are a series of three handbooks developed for the Center for Health Promotion and Education, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. The handbooks are based on preliminary goals or standards of behavior, knowledge, skill, and affective outcomes in each content area. Panels of experts identified important outcomes for each of the content areas (alcohol education, drug abuse education, and smoking education). Based on these outcomes, a series of criterion-referenced instruments was developed and included in each manual. These instruments are considered useful for adults and school-aged children.

Each manual begins with an overview of the content area. A chapter on evaluation essentials provides the novice with an overview of the evaluation issues. The bulk of the manual is filled with brief assessment instruments. While the instruments appear to have great face validity and sometimes mirror questions used in national surveys, the reader is cautioned that the instruments have only been pilot-tested in small-scale tryouts and "have not been subjected to a formal empirical appraisal of their technical adequacy."

Joint Committee on Standards for Educational Evaluation. (1981). *Standards for evaluations of educational programs, projects, and materials*. New York: McGraw-Hill.

A joint committee representing the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education prepared thirty evaluation standards. The standards represent issues such as deciding whether you are ready to evaluate, the ethics surrounding evaluations, defining the evaluation problem, designing the evaluation, budgeting the evaluation, collecting and analyzing data, and reporting the evaluation..

Each standard is presented, followed by an overview, guidelines, pitfalls, caveats, illustrative case, and analysis of the case. It is an excellent overview for the beginning evaluator.

Linney, J. A., & Wandersman, A. (1991). *Prevention plus III*. Rockville, MD: U.S. Department of Health and Human Services.

This is the third in a series of *Prevention Plus* publications from the Office for Substance Abuse Prevention (OSAP). It offers "up-to-date tools and techniques for alcohol and other drug (AOD) prevention planning and implementation." Both outcome and process evaluations are discussed and tools are provided for both. Instruments contained in the manual may be reproduced without permission from OSAP or the authors.

Moberg, P. D. (1984). *Evaluation of prevention programs: a basic guide for practitioners*. Madison, WI: Wisconsin Clearinghouse.

This 29-page guide covers uses of evaluation, planning a program evaluation, program monitoring and process evaluation, outcome evaluation and expectations for evaluation. The guide offers concise definitions, checklists and examples to guide the reader in conducting evaluations. It also includes examples of contact sheets described in the guide.

National Crime Prevention Council. (1986). *What, me evaluate?* Washington, D.C.: National Crime Prevention Council.

Written for the crime prevention practitioner, the handbook emphasizes a lay person's perspective toward evaluation. It explains why evaluation is not just for experts and offers concrete ways to document progress and success. Included in the handbook are four survey questionnaires that can be used to assess citizens' attitudes and beliefs about crime and crime prevention.

Worthen, B.R., & Sanders, J.R. (1987). *Educational evaluation: alternative approaches and practical guidelines*. New York: Longman.

Although designed as a basic text for courses on evaluation, the book serves as a useful reference for readers looking for a comprehensive overview of educational evaluation. The book clarifies basic concepts in evaluation, describes a variety of alternative approaches, and provides detailed suggestions in planning, conducting, and using evaluations.

JOURNALS ON ALCOHOL AND OTHER DRUG PREVENTION AND EDUCATION

There are no journals yet dedicated to dissemination of evaluation reports in the AOD field, so articles on evaluating AOD programs may appear in any of these journals:

Addictive Behaviors (6/year)
Pergamon Press, Inc.
Journals Division
Maxwell House
Fairview Park
Elmsford, NY 10523
TEL: 914-592-7700

American Journal of Drug and Alcohol Abuse (4/year)
Marcel Dekker Journals
270 Madison Avenue
New York, NY 10016
TEL: 212-696-9000

American Journal of Orthopsychiatry (quarterly)
American Orthopsychiatric Association, Inc.
19 W. 44th St.
New York, NY 10036
TEL: 212-354-5770

American Journal of Public Health (monthly)
American Public Health Association
1015 15th St., NW
Washington, D.C. 2005
TEL: 202-789-5600

Health Education Quarterly (quarterly)
John Wiley & Sons, Inc.
Periodicals Division
605 Third Avenue
New York, NY 10158-0012
TEL: 212-692-6000

International Journal of the Addictions (12/year)
Marcel Dekker Journals
270 Madison Avenue
New York, NY 10016
TEL: 212-696-9000

JAMA: Journal of the American Medical Association (weekly)
American Medical Association
515 N. State St.
Chicago, IL 60610
TEL: 312-464-0183

Journal of Addictive Diseases (quarterly)
The Haworth Press, Inc.
10 Alice Street
Binghamton, NY 13904
TEL: 800-3-HAWORTH

*** Journal of Adolescent Chemical Dependency** (quarterly)
The Haworth Press, Inc.
10 Alice Street
Binghamton, NY 13904
TEL: 800-3-HAWORTH

Journal of Adolescent Health Care (6/year)
(Society for Adolescent Medicine)
Elsevier Science Publishing Co.,
655 Avenue of the Americas
New York, NY 10010
TEL: 212-989-5800

Journal of Adolescent Research (quarterly)
Sage Publications, Inc.
2455 Teller Road
Newbury Park, CA 91320
TEL: 805-499-0721

*** Journal of Alcohol and Drug Education** (3/year)
Alcohol & Drug Problems Assn of No. America
1120 East Oakland
P.O. Box 100212
Lansing, ME 48901
TEL: 517-484-0016

Journal of American College Health (bimonthly)
(American College Health Association)
Heldref Publications
4000 Albermarle St., NW
Washington, D.C.. 20016
TEL: 202-362-6445

Journal of Applied Psychology (bimonthly)
American Psychological Association
1200 17th St., NW
Washington, D.C. 20036
TEL: 202-955-7600

Journal of Child Psychology & Psychiatry & Applied Disciplines (7/year)
(Assn of Child Psychology and Psychiatry)
Journals Division Pergamon Press, Inc.
Maxwell House, Fairview Park
Elmsford, NY 10523
TEL: 914-592-7700

Journal of Consulting and Clinical Psychology (bimonthly)
American Psychological Association
1200 17th St., NW
Washington, D.C. 20036
TEL: 202-955-7600

Journal of Counseling & Development (bimonthly)
American Assn for Counseling and Development
5999 Stevenson Avenue
Alexandria, VA 22304
TEL: 703-823-9800

* **Journal of Drug Education** (quarterly)
Baywood Publishing Co., Inc.
26 Austin Avenue
P.O. Box 337
Amityville, NY 11701

* **Journal of Drug Issues** (quarterly)
Journal of Drug Issues, Inc.
P.O. Box 4021
Tallahassee, FL 32315-4021

Journal of Public Health Policy (quarterly)
Journal of Public Health Policy, Inc.
208 Meadowood Drive
South Burlington, VT 05403
TEL: 802-658-0136

* **Journal of School Health** (10/year)
American School Health Association
7263 State Route 43
P.O. Box 708
Kent, OH 44240

Journal of Studies on Alcohol (bimonthly)
(Rutgers Center of Alcohol Studies)
Alcohol Research Documentation, Inc.
Box 969
Piscataway, NJ 08855
TEL: 908-932-2190

Journal of Substance Abuse (quarterly)
Ablex Publishing Corporation
355 Chestnut St.
Norwood, NJ 07648
TEL: 201-767-8450

Preventive Medicine (bimonthly)
(American Health Foundation)
Academic Press, Inc.
Journal Division
1250 Sixth Avenue
San Diego, CA 92101
TEL: 619-230-1840

Psychological Reports (bimonthly)
Dr. C.H. Ammons & Dr. R.B. Ammons, Eds. & Pubs.
Box 9229
Missoula, MT 59807

* Recent issues of these journals are available for use at the Western Regional Center for Drug-Free Schools and Communities at 101 SW Main, Portland, Oregon

JOURNALS ON PROGRAM EVALUATION

Although the focus of these journals is evaluation rather than on evaluation of AOD programs, these journals provide discussions of current thinking and ideas in the field of evaluation.

Educational Evaluation and Policy Analysis (quarterly)

American Educational Research Association (AERA)
1230 17th Street, NW
Washington, D.C. 20036-3078

Evaluation and Program Planning (quarterly)

Pergamon Press, Inc.
Journal Division
Maxwell House
Fairview Park
Elmsford, NY 10523
TEL: 914-592-7700
FAX: 914-592-3625

Evaluation Review (bimonthly)

Sage Publications, Inc.
2455 Teller Road
Newbury Park, CA 91320

Evaluation Studies Review Annuals (annually)

Sage Publications, Inc.
2455 Teller Road
Newbury Park, CA 91320

New Directions for Program Evaluation (quarterly)

(American Evaluation Association)
Jossey-Bates Inc., Publishers
350 Sansome St., 5th Floor
San Francisco, CA 94104
TEL: 415-433-1767
FAX: 415-433-0499

Studies in Educational Evaluation (3/year)

(UCLA Center for the Study of Evaluation)
Pergamon Press, inc.
Journals Division
Maxwell House
Fairview Park
Elmsford, NY 10523
TEL: 914-592-7700
FAX: 914-592-3625

WESTERN REGIONAL CENTER PUBLICATIONS ON EVALUATION

Gabriel, R.M., & Brinkerhoff, C. (1990). *Developing a community profile: A handbook for using pre-existing data in prevention planning*. Portland, OR: Northwest Regional Educational Laboratory.

Pollard, J.A., Gabriel, R.M., & Arter, J.A. (1991). *Surveys of student alcohol and other drug use: A consumer's guide* (2nd ed.) Portland, OR: Northwest Regional Educational Laboratory.

Regional Drug Initiative. (1991). *Drug impact index, 2nd edition*. Portland, OR: Northwest Regional Educational Laboratory.

Western Regional Center for Drug-Free Schools and Communities. (1991). *Alcohol and other drug programs: Abstracts of selected evaluation studies*. Portland, OR: Northwest Regional Educational Laboratory.

Western Regional Center for Drug-Free Schools and Communities. (1991). *Alcohol and other drug program evaluation at the local level: A pilot site approach*. Portland, OR: Northwest Regional Educational Laboratory.

Yen, F.B. (1992). *Evaluating AOD Program Implementation*. Portland, OR: Northwest Regional Educational Laboratory.

INFORMATION AND RESOURCE CENTERS

A wealth of information on a variety of topics is available from the following national and regional centers. Check with these sources for updates on resources in evaluating AOD programs.

1. **OSAP's National Clearinghouse for Alcohol and Drug Information (ONCADI)**
   P.O. Box 2345
   Rockville, MD 20847-2345
   1-800-729-6686

   Funded by the U.S. Department of Health and Human Services, ONCADI provides searches from its database on specific alcohol and other drug topics at no cost. It also disseminates a bimonthly publication titled: *The OSAP Prevention Pipeline* which contains prevention news, new program resources available from the Office of Substance Abuse Prevention and other federal agencies, as well as abstracts of recent journal articles and books in the alcohol and other drug field. The Western Regional Center for Drug-Free Schools and Communities in Portland, Oregon, subscribes to *The OSAP Prevention Pipeline.*

2. **Educational Resources Information Center (ERIC)**
   Dept. CCE
   1600 Research Boulevard
   Rockville, MD 20850

   Supported by the U.S. Department of Education, Office of Educational Research and Improvement (OERI), ERIC consists of 16 clearinghouses that respond to inquiries about its database, which is accesible to the public at more than 3,000 locations worldwide. Contact the Clearinghouse on Tests, Measurements, and Evaluation through the above toll-free number for citations on journal articles and documents related to educational evaluation.

3. **Western Regional Center for Drug-Free School and Communities**
   Judith A. Johnson, Director

   A. Training and technical assistance on evaluation is available at no cost to school districts in the west. For further information contact the Western Regional Center office listed below that serves your state.

      Alaska, Idaho, Montana, Oregon, Washington, and Wyoming:

      Carlos Sundermann/Flora Yen
      Northwest Regional Educational Laboratory
      101 SW Main Street, Suite 500
      Portland, OR 97204
      503-275-9478 or 9497
      1-800-547-6339, ext. 478 or 497

Hawaii and the Pacific Islands:

Harvey Lee
Honolulu Field Office
1164 Bishop Street, Suite 1409
Honolulu, HI 96813
808-532-1904

Northern California and Northern Nevada:

Ralph Baker
Far West Laboratory for Educational
Research and Development
730 Harrison Street
San Francisco, CA 94107-1242
415-565-3000

Southern California and Southern Nevada:

Carol F. Thomas
Southwest Regional Laboratory
4665 Lampson Avenue
Los Alamitos, California 90720
310-598-7661

B. Resource Center Services

The Western Regional Center's main resource collection is housed in Portland, Oregon. The following types of services are offered:

Library: A collection of AOD prevention curricula, programs, monographs, and videos is available free for a three week loan period. Telephone your requests to the Western Center or visit the Center, 8:30 - 5:00 p.m., 503-275-9486 or 1-800-547-6339, ext. 486.

Western Center Publications: The Center disseminates over 30 free publications to the public. These include the Western Center quarterly newsletter (mailed to over 16,000 clients), Prevention Research Updates (a publication that summarizes the recent research on AOD use and its prevention), and other publications of interest to preventionists on such topics as peer education, fetal effects of parental AOD use, summaries of successful prevention programs, and guides to student AOD surveys and parenting skills curricula. A listing of these publications is available upon request.

Free Materials: The Center is a Regional Alcohol and Drug Awareness Resource (RADAR) Network member and thus has the current publications available through OSAP's National Clearinghouse for Alcohol and Drug Information (ONCADI). Other free materials include pamphlets and brochures from local agencies and programs.

Organization files: Files with catalogs, brochures, and program information are kept on organizations, publishers, agencies and individuals.

Subject Files: Current newspaper, magazine, journal, and research articles are collected for reference use on a wide range of alcohol and other drug related topics.

Newsletters, Journals: The Center subscribes to 50 newsletters/journals. These can be used by the public at the Center.

Satellite resource offices are located in Honolulu (Hawaii), Los Alamitos (California), and San Francisco at the addresses noted above.

4. Other Sources

Check with your school district administration, statewide AOD coordinators, as well as educational or psychological departments in nearby universities and colleges for possible assistance on evaluation.

Section 7
Evaluation Instruments

EVALUATION INSTRUMENTS

Samples of two instruments are included in this section. The Self-Assessment Instrument for School Programs can be used by school and district teams to review program growth and to pinpoint areas for further development. The instrument has also been used to encourage broad participation in goal setting. The second instrument, the Student Alcohol and Drug Use Survey (short form), is a condensed version of a longer questionnaire that has been administered to students at grades six, eight, ten, and twelve in two Western states -- Hawaii and Washington. When completed anonymously by students, the short form of the questionnaire is just as useful in providing a gauge of the extent and scope of AOD use in a school or district.

SELF-ASSESSMENT INSTRUMENT FOR SCHOOL PROGRAMS IN ALCOHOL AND OTHER DRUG PREVENTION

A PROGRAM IMPROVEMENT EVALUATION AID

Western Regional Center For Drug-free Schools And Communities
Northwest Regional Educational Laboratory
Portland, Oregon 97204

Instructions for Using the Self-Assessment Instrument

The Western Regional Center School Program Self-Assessment Instrument is an informal tool used to assist districts in identifying areas for additional development in their alcohol and other drug education programs. A comprehensive program consists of nine categories. Each component is assessed by rating a series of indicators. Ratings may be totaled or averaged for each component to provide an indication of specific program practices that may need improvement or greater emphasis.

The Self-Assessment Instrument is a measure of self-reported perceptions, and is neither a guide for structured observation nor a substitute for a program evaluation. In areas in which self-reports are often inaccurate (e.g., use of time, communication of expectations), the assessment should be supported by more objective measures.

Procedures for Use

1. Encourage Broad Participation

   The self-assessment process has value beyond the information it provides. It facilitates staff participation in goal setting; and the list of important practices is likely to stimulate learning, reflection, and debate. We suggest that all members of the school team complete the instrument; including teachers, principals, counselors, and central office administrators.

2. Explain Purpose

   Staff members need to understand that the purpose of the assessment process is to identify areas for program development, and not to assess personal performance or to rate the overall program.

3. Summarize completed ratings for each component.

   Each rater should rate each item, and compute an average rating for each component.

   If individuals feel they have no basis for rating certain components, they may leave them blank. However, it is important to respond to every item within a component. (If items are omitted, assign them the average of the rated items in that section.)

4. Share Results and Select Target Areas for Improvement

> The preliminary results of the self-assessment provide a shared understanding of the status of the program in terms of several important implementation indicators. It can also provide a stimulus for selecting target areas for program improvement. It is important that the target-setting process involve discussion, active participation, and consensus building among school team members, and not depend on mechanical averaging of the assessment results.

The results of the Self-Assessment Instrument are only one source of data to consider in targeting areas for development. Outcome data and other evaluative information, perceived needs, classroom observation, and ongoing district or school improvement activities may influence staff to adjust the selection of target areas. Development efforts should focus on an area that is perceived as both important and capable of change.

SCHOOL PROGRAM SELF-ASSESSMENT INSTRUMENT

A. SCHOOL TEAM INVOLVEMENT

	Not at all like our program				Very much like our program
1. The school team has a range of representation from school leadership to community members.	1	2	3	4	5
2. The school administration has given the team the time and resources to complete the planning process.	1	2	3	4	5
3. A school team leader has been selected and understands his/her role.	1	2	3	4	5
4. The school team leader is able to assess team interests and abilities and make effective and efficient assignments.	1	2	3	4	5
5. School team members feel comfortable in working through the process with other team members.	1	2	3	4	5

B. PARENT/COMMUNITY INVOLVEMENT

1. Parents are included in the needs assessment and planning process.	1	2	3	4	5
2. Community members are included in the planning and implementation.	1	2	3	4	5
3. Community involvement includes a broad representation of agencies such as law enforcement, health and social agencies, business and religious organizations.	1	2	3	4	5
4. Parent education is available for parents at all grade ranges.	1	2	3	4	5
5. Parents generally are supportive of the alcohol and other drug prevention programming (there is no formal or informal opposition).	1	2	3	4	5

C. NEEDS ASSESSMENT

SCHOOL PROGRAM SELF-ASSESSMENT INSTRUMENT

	Not at all like our program				Very much like our program
1. Needs assessment information is gathered on an ongoing basis.	1	2	3	4	5
2. A survey of student alcohol and other drug use has been conducted within the last two years.	1	2	3	4	5
3. A survey of prevention resources and activities in the school and community has been conducted.	1	2	3	4	5
4. Data collected are used in planning a comprehensive alcohol and other drug education program.	1	2	3	4	5

D. PROGRAM PLANNING

1. Clear goals and objectives have been established for all elements of a comprehensive drug-free schools plan.	1	2	3	4	5
2. Goals and objectives have been presented to and approved by school/district administration.	1	2	3	4	5
3. Staff assignments to carry out the objectives have been approved by the school/district administration.	1	2	3	4	5
4. Goals and objectives have been shared with the entire school staff and supported by them.	1	2	3	4	5

E. POLICY DEVELOPMENT

1. Clear and consistent policies related to alcohol and other drug use exist at school and district levels.	1	2	3	4	5

SCHOOL PROGRAM SELF-ASSESSMENT INSTRUMENT

	Not at all like our program				Very much like our program
2. Existing policies deal with all important issues relating to alcohol and other drug prevention: clear definition of what constitutes an offense, consequences of violations of policies, consistency with state and local laws, etc.	1	2	3	4	5
3. Comprehensive policies exist for all areas of student assistance programs: early intervention, referral and aftercare.	1	2	3	4	5
4. Policies are known by staff, students, parents, and community members.	1	2	3	4	5

F. IMPLEMENTATION OF PREVENTION CURRICULUM AND ACTIVITIES

1. Prevention goals and objectives include curriculum from K-12 as well as other prevention activities.	1	2	3	4	5
2. Teachers and staff involved in programming have ample opportunity for and participate in initial and ongoing training.	1	2	3	4	5
3. Training opportunities are taken as a sequence of related activities for a comprehensive program and are not viewed as "one shot" offerings.	1	2	3	4	5
4. The curriculum and program activities are being implemented as intended.	1	2	3	4	5
5. There are sufficient numbers of instructional materials and program kits available.	1	2	3	4	5

G. IMPLEMENTATION OF ASSISTANCE PROGRAMS

1. A student assistance program is in place at all levels: elementary, middle, and secondary schools.	1	2	3	4	5

SCHOOL PROGRAM SELF-ASSESSMENT INSTRUMENT

	Not at all like our program				Very much like our program
2. Expectations in the area of intervention are clear to staff, students and parents and are based on policy.	1	2	3	4	5
3. Ongoing supervision and feedback is provided to teachers and staff in the school.	1	2	3	4	5
4. Inservice training topics are identified and training is made available on an ongoing basis.	1	2	3	4	5
5. Cooperative relationships with community resources have been developed and documented.	1	2	3	4	5
6. There is an employee assistance program in place.	1	2	3	4	5

H. EVALUATION

1. An ongoing system of collection of evaluation information is in place.	1	2	3	4	5
2. Both program implementation and outcome data are being collected.	1	2	3	4	5
3. Data are used to modify or focus programs.	1	2	3	4	5

I. DISSEMINATION

1. Key elements of the program are communicated to parents, community members, and the general public.	1	2	3	4	5
2. These audiences get periodic reports or announcements of important program activities.	1	2	3	4	5
3. Evaluation and needs assessment information is provided to the administration and the public.	1	2	3	4	5

SCHOOL PROGRAM SELF-ASSESSMENT INSTRUMENT

	Not at all like our program				Very much like our program
4. Partnerships with community resources for cooperative dissemination campaigns are underway.	1	2	3	4	5

PROGRAM SELF-ASSESSMENT SUMMARY SHEET

	Total Score For Area	Total Possible	Percent Of Total Possible	Priority Rank (Lowest Score is 1, Next is 2, etc.)
A. SCHOOL TEAM INVOLVEMENT	______	25	______	______
B. PARENT/COMMUNITY INVOLVEMENT	______	25	______	______
C. NEEDS ASSESSMENT	______	20	______	______
D. PROGRAM PLANNING	______	20	______	______
E. POLICY DEVELOPMENT	______	20	______	______
F. IMPLEMENTATION OF PREVENTION CURRICULUM	______	25	______	______
G. IMPLEMENTATION OF ASSISTANCE PROGRAMS	______	30	______	______
H. EVALUATION	______	15	______	______
I. DISSEMINATION	______	20	______	______

CATEGORY:

________TEACHER

________ADMINISTRATOR

________COUNSELOR

________OTHER

Student Alcohol and Drug Use Survey

Please take a few minutes to complete this survey. The purpose of the survey is to find out how much students in this school use tobacco, alcohol, and other drugs. Your answers will help us understand the needs of students in our school.

You are not required to complete this survey. If there is any question that would upset you or your parents, just leave it blank.

Your answers are confidential. Do not write your name anywhere on this survey. An envelope will be passed around when you are finished so you can insert your survey without anyone seeing your answers.

Make a check mark in the circle for the answer you choose. Check only one answer for each question.

1. What is your current grade level?
   ○ 5 ○ 8 ○ 11
   ○ 6 ○ 9 ○ 12
   ○ 7 ○ 10 ○ Ungraded

2. What is your sex?
   ○ a. Male
   ○ b. Female

3. Are you aware of someone close to you who has a drinking or drug problem?
   ○ a. Yes, someone I live with
   ○ b. Yes, a friend
   ○ c. Yes, both someone I live with and a friend
   ○ d. No, no one close to me

4. Of your closest friends, how many use alcohol once a month or more often?
   ○ a. None
   ○ b. A few
   ○ c. Some
   ○ d. Most
   ○ e. All

5. How difficult do you think it would be for you to get marijuana (grass, pot, hash)?
   ○ a. Probably impossible
   ○ b. Very difficult
   ○ c. Fairly difficult
   ○ d. Fairly easy
   ○ e. Very easy

6. Is there drinking or drug use at most parties you attend?
   ○ a. Yes, alcohol
   ○ b. Yes, drugs
   ○ c. Yes, both alcohol and drugs
   ○ d. No
   ○ e. Don't attend parties

When did you last use each of the following drugs?

7. Tobacco (smoking, chewing, snuff)
   - ○ a. Never used in my lifetime
   - ○ b. Used at least once, but not in the last 30 days
   - ○ c. Used at least once in the last 30 days

8. Alcohol (beer, wine, wine cooler, hard liquor)
   - ○ a. Never used in my lifetime
   - ○ b. Used at least once, but not in the last 30 days
   - ○ c. Used at least once in the last 30 days

9. Marijuana (pot, grass, hash)
   - ○ a. Never used in my lifetime
   - ○ b. Used at least once, but not in the last 30 days
   - ○ c. Used at least once in the last 30 days

10. Cocaine (snow, coke, crack)
    - ○ a. Never used in my lifetime
    - ○ b. Used at least once, but not in the last 30 days
    - ○ c. Used at least once in the last 30 days

11. Inhaled something to get high (glue, gasoline, paint thinner, spray cans, white-out)
    - ○ a. Never used in my lifetime
    - ○ b. Used at least once, but not in the last 30 days
    - ○ c. Used at least once in the last 30 days

12. Any other illegal drug (excluding alcohol, tobacco, marijuana, or cocaine)
    - ○ a. Never used in my lifetime
    - ○ b. Used at least once, but not in the last 30 days
    - ○ c. Used at least once in the last 30 days

The next two items concern your drinking.

13. How old were you when you had your first full drink (a can of beer, a full glass of wine, or a mixed drink)?
    - ○ a. I have never had a drink
    - ○ b. 10 or younger
    - ○ c. 11 or 12
    - ○ d. 13 or 14
    - ○ e. 15 or older

14. How much do you usually drink at one time?
    - ○ a. I don't drink
    - ○ b. Less than one can or glass of beer, wine, or mixed drink
    - ○ c. One can or glass of beer, wine, or mixed drink
    - ○ d. 2-4 cans or glasses of beer, wine, or mixed drink
    - ○ e. 5 or more cans or glasses of beer, wine, or mixed drink

15. How honestly did you answer this survey?
    - ○ a. Very honestly
    - ○ b. Somewhat honestly
    - ○ c. Dishonestly

Instructions for Administering and Analyzing the Student Alcohol and Drug Survey

Rationale

This student use survey is easy to administer and to analyze manually. If properly administered, this survey will provide valid, reliable data on student use. These survey results can serve as the basis of a prevention needs assessment and provide baseline data for assessing the overall impact of the prevention effort. This short instrument cannot, however, provide the extensive diagnostic information available from some other surveys.

Specifically, the survey is designed to:

- Assess risk factors associated with student use
- Determine the recency of use for several of the most frequently abused substances
- Distinguish between lifetime use and thirty-day use for comparison to national data
- Determine use for each grade level
- Identify the extent of binge drinking

Planning Survey Administration

Parental notification. You must notify parents that you intend to administer the survey. That notification can take several forms, but a letter to parents is preferred. The notice should emphasize that the information will be used to help plan or improve your prevention and that the survey is voluntary and completely confidential.

Sampling. A uniform procedure is needed for selecting students that will participate in the survey. You will want to replicate this procedure when the survey is administered again. At least one grade in every school, including elementary schools, should be surveyed. The reading level of the survey, however, makes it most appropriate for grades 6 and up. Most districts elect to administer the survey to all students at the selected grade levels. If students are sampled within each grade, the sampling must be random. Administration to selected classrooms does not qualify as a random sample.

Staff training. The climate established by the person administering the survey is important in determining how seriously the students take the survey. A brief meeting, formal or informal, is helpful in clarifying the purpose for the survey as well as procedures for administration.

Administration. The survey should be administered during the same period throughout the school so students do not have a chance to discuss the survey before responding to it.

Analyzing Student Responses

1. Prepare for the analysis.
    a. Separate the completed surveys into piles by grade.
    b. Screen the sheets in each pile and remove those that are blank or inappropriate.
        - Count the student as refusing to complete the survey if all or nearly all the items are left blank.
        - Remove the answer sheet if the student answered "Dishonestly" on the last item.
        - Remove the answer sheet if the student wrote in inappropriate responses (e.g. wrote in "Other" for Sex).
2. Complete Part I of the Summary Worksheet for each grade.
3. Tally responses to each item on the Response Tally Worksheet.
    a. Mark the responses from each survey in the proper column as shown in the example.
    b. Add columns A-E to find the total number of students answering the item.
4. Calculate percentages using Part II of the Summary Worksheet
    a. For each item, divide columns A through E by the Total from the Response Tally Worksheet to obtain the proportion of students choosing that response.
    b. Multiply by 100 to obtain a percentage. For most audiences you may want to round this percentage to the nearest whole number.
    c. Enter the percentages for each item in the corresponding column in Part II.

Summary Worksheet for Student Use Survey Results

Part I. Administration

____/____/____ Date survey was administered

______ Grade level summarized (only one per Summary Worksheet)

______ Number of students absent when survey was administered

______ Number of students refusing to complete survey

______ Number of surveys removed due to inappropriate responses

Part II. Computation of Percentages

	A.	B.	C.	D.	E.
Example	30	46	24	—	—
2. Gender					
3. Someone close					
4. Friend's use					
5. Marijuana access					
6. Use at parties					
7. Tobacco					
8. Alcohol					
9. Marijuana					
10. Cocaine					
11. Inhalants					
12. Other drugs					
13. First drink					
14. Binge drinking					
15. Honesty					

Response Tally Worksheet

Grade level (only one per worksheet):

	A.	B.	C.	D.	E.	Total
Example	𝍸 ⑭ 𝍸 ||||	𝍸 𝍸 ㉑ 𝍸 𝍸 |	𝍸 ⑪ 𝍸 |			46
2. Gender						
3. Someone close						
4. Friend's use						
5. Marijuana access						
6. Use at parties						
7. Tobacco						
8. Alcohol						
9. Marijuana						
10. Cocaine						
11. Inhalants						
12. Other drugs						
13. First drink						
14. Binge drinking						
15. Honesty						